

State of Hawaii  
Department of Education  
Office of Curriculum, Instruction and Student Support  
School Based Behavioral Health Services Section

## **Request for Proposals**

### **RFP No. EDN 150-2006-01 Assessment Services**

October 12, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

## **REQUEST FOR PROPOSALS**

### **ASSESSMENT SERVICES RFP No. EDN 150-2006-01**

The Department of Education, School Based Behavioral Health Services Section, is requesting proposals from qualified applicants to provide psychological, social work and counseling assessment services to eligible students who are in need of such services. Services should combine educational, behavioral health and therapeutic approaches in providing time limited interventions designed to assist students to effectively participate in school based educational activities. The contract term will be from July 1, 2005 – June 30, 2006. Multiple contracts may be awarded under this request for proposals.

Proposals must be postmarked by US mail before midnight on January 14, 2005 or hand delivered by 4:00 p.m., Hawaii Standard Time (H.S.T.) at the drop off site designated on the following page.

Proposals postmarked after midnight on January 14, 2005 or hand delivered after 4:00 p.m., H.S.T. on January 14, 2005 will not be considered and will be returned to the applicant. There are no exceptions to this requirement.

The Department of Education will conduct an orientation on October 26, 2004 from 8:40 a.m. to 9:40 a.m. H.S.T., at Tokai University, 2241 Kapiolani Boulevard, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:00 p.m., H.S.T. on November 3, 2004. All written questions will receive a written response from the State on or about November 12, 2004.

Inquiries regarding this RFP should be directed to the RFP Contact Person, Ms. Paulie Schick, at 641 18<sup>th</sup> Avenue, Room V-201, Honolulu, Hawaii 96816, or may be made by telephone to (808) 735-6225.

## **PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET**

**ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00 MIDNIGHT,**

**ONE ORIGINAL AND EIGHT COPIES OF THE PROPOSAL ARE REQUIRED.  
ADDITIONAL COPIES MAY BE SPECIFIED BY INDIVIDUAL DOE PROGRAMS.**

**January 14, 2005**

### **All Mail-ins**

Department of Education  
School Based Behavioral Health Services  
1106 Koko Head Avenue  
Honolulu, Hawaii 96816

### **DOE RFP COORDINATOR**

Ms. Paulie Schick  
State Educational Specialist (SBBH)  
For further info. or inquiries  
Phone:(808) 735-6225  
Fax:(808) 733-9890

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:00 P.M.,  
January 14, 2005.**

### **Drop-off Sites**

For ALL applicants STATEWIDE:

Department of Education  
School Based Behavioral Health Services  
1106 Koko Head Avenue  
Honolulu, Hawaii 96816

**BE ADVISED:** All mail-ins postmarked USPS after 12:00 midnight, January 14, 2005, will not be accepted for review and will be returned.

**Hand deliveries will not be accepted after 4:00 p.m., January 14, 2005.**

**Deliveries by private mail services such as Fedex shall be considered hand deliveries and will not be accepted if received after 4:00 p.m., January 14, 2005.**

## **Section 1 Administrative Overview**

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

### **I. Authority**

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### **II. RFP Organization**

This RFP is organized into five sections:

***Section 1, Administrative Overview***--Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications***--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, POS Proposal Application Instructions***--Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation***--Describes how proposals will be evaluated by the Department of Education (DOE).

***Section 5, Attachments*** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Ms. Paulie Schick, State Educational Specialist (SBBH)  
 Department of Education, Student Support Services Branch  
 641 18<sup>th</sup> Avenue, Room V-201  
 Honolulu, Hawaii 96816  
 Phone: (808) 735-6225 Fax: (808) 733-9890

### IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	<u>10/12/04</u>
Distribution of RFP	<u>10/12/04</u>
RFP orientation session	<u>10/26/04</u>
Closing date for submission of written questions for written responses	<u>11/03/04</u>
State purchasing agency's response to applicants' written questions	<u>11/12/04</u>
Proposal submittal deadline	<u>01/14/05</u>
Proposal evaluation period	<u>01/18/05 –</u> <u>03/18/05</u>
Provider selection and award	<u>03/25/05</u>
Notice of statement of findings and decisions	<u>03/31/05</u>
Contract start date	<u>07/01/05</u>

### V. Orientation

An orientation for applicants in reference to the request for proposals will be held for *all islands* on October 26, 2004 from 8:40 a.m. to 9:40 a.m. at Tokai University, 2241 Kapiolani Boulevard, Honolulu, Hawaii.

Applicants are encouraged to submit written questions prior to the orientation. Questions may be faxed to the SBBH Contracts Office at (808) 735-8267 or emailed to [Andrell\\_Bepu@notes.k12.hi.us](mailto:Andrell_Bepu@notes.k12.hi.us). Impromptu questions will be permitted and spontaneous answers provided at the orientation at the Department of Education's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the DOE's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal

deadline for written questions indicated in the next paragraph (VI. Submission of Questions) in order to generate a written DOE response.

## **VI. Submission of Questions**

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 4:00 p.m. H.S.T., on November 3, 2004. All written questions will receive a written response from the state purchasing agency. The DOE's response to applicant written questions will be posted on the website at: [http://doe.k12.hi.us/rfp\\_sbbhs/](http://doe.k12.hi.us/rfp_sbbhs/).

## **VII. Submission of Proposals**

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (See Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the DOE. Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application Instructions, including a cost proposal/budget. (Refer to Section 3 of this RFP.)
- (2) ***Competitive POS Application Check List*** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form (SPO-H-100A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:  
<http://www.spo.hawaii.gov>  
Click on *Procurement of Health and Human Services*  
Click on *Provider Lists...The Registered List of Private Providers for Use with the Competitive Method of Procurement*  
or call the purchasing agency at (808) 735-8264 or the State Procurement Office at (808) 587-4706.
- (4) ***SPO Cost Proposal (Budget) Forms (Forms SPO-H-205 through SPO-H-206J)***
- (5) ***Certifications*** - Federal and/or State certifications, as applicable.

- (6) ***Program Specific Requirements*** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.
- (7) ***Wages and Labor Law Compliance*** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: [http://www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm).
- (8) ***Confidential Information*** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. **Note that price is not considered confidential and will not be withheld.**

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and 8 copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected. Faxed proposals, submission of proposals on diskettes, or transmission by email are not permitted.

#### **VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline**

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

#### **IX. Additional Materials and Documentation**

Upon request from the Department of Education, each applicant shall submit any additional materials and documentation reasonably required by the DOE in its evaluation of the proposals.

**X. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

**XI. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the DOE. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

**XII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

**XIII. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

**XIV. Provider Participation in Planning**

Provider participation in the Department of Education's efforts to plan for or to purchase health and human services prior to DOE's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

**XV. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.



A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals. (Section 3-143-603)
- (4) Inadequate response to request for proposals. (Section 3-143-609)
- (5) Proposal not responsive. (Section 3-143-610 (1))
- (6) Applicant not responsible. (Section 3-143-610 (2))

## **XVI. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who

handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decisions sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the POS Proposal Checklist in Section 5 of this RFP). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

<b>Head of State Purchasing Agency</b>	<b>Procurement Officer</b>
Name: Patricia Hamamoto	Name: Paulie Schick
Title: Superintendent	Title: Program Manager, SBBH
Mailing Address: P.O. Box 2360 Honolulu, Hawaii 96804	Mailing Address: 641 18 <sup>th</sup> Avenue, Room V-201 Honolulu, Hawaii 96816
Business Address: 1390 Miller Street Honolulu, Hawaii 96813	Business Address: same as above

#### **XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

#### **XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management

(5) Administrative Requirements

**XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website (see the POS Proposal Application Checklist in Section 5 of this RFP for the address). Special conditions may also be imposed contractually by the Department of Education, as deemed necessary.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see the POS Proposal Application Checklist in Section 5 of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

## **Section 2**

### **Service Specifications**

#### **I. Introduction**

##### **A. Overview, Purpose or Need**

The Hawaii Department of Education (DOE) administers the statewide system of public schools. The scope of educational programs and services of the public schools encompasses grades kindergarten through twelve, and such pre-school programs and community/adult education curricula as may be authorized. In addition to regular programs of instruction and support services, the Department offers special programs and services for students who are disabled, gifted, learning English as a second language, economically and culturally disadvantaged, school-alienated, or institutionally confined. Applicable Federal and State statutes and regulations govern the provision of some behavioral health services (i.e., 34 C.F.R. Section 300 and Hawaii Administrative Rules Chapters 53 and 56).

In accordance with the Individuals with Disabilities Education Act (IDEA) and Section 504 – Subpart D of the Rehabilitation Act of 1973 (as amended in 1974), the Department strives to provide an integrated educational model for students with educational disabilities to realize reasonable benefit from their education.

The purpose of this request for proposal (RFP) is to solicit private providers of psychological, social work, and counseling assessment services interested in delivering services through the school based behavioral health and educational models within the Comprehensive Student Support System (CSSS). The Department anticipates the need to develop contracts to augment services provided by DOE employees in the provision of a variety of assessments that reflect the CSSS educational model.

The CSSS educational model is a strengths-based, multidisciplinary team decision-making model focusing on learning and development. It is based upon the understanding that an individual's capacity to meet expectations is the result of unique inherent characteristics and previous learning opportunities. It promotes the early identification of new learning opportunities to further increase the behavioral repertoire of students.

Applicants who meet all requirements based on the criteria listed in Section 4 – Evaluation – shall be qualified to enter into a contract with DOE. Qualified applicants will be placed on DOE's Qualified Provider List and will be eligible to enter into a contract with DOE under this RFP. Thereafter, school districts may select and authorize services from contracted provider(s) best suited to provide the service(s). The State will evaluate all proposals and select and award contracts

determined to be the most advantageous as delineated further in Section 4 – Evaluation.

*At the present time, the Department does not participate in Medicaid reimbursement activities. A change in this status is not anticipated prior to July 2005. At that time, however, the Department may engage in activities to support DOE requests for Medicaid reimbursement of the provision of services identified in this RFP for eligible students. If the Department participates in Medicaid reimbursement for eligible students, DOE will require verification of licensure subject to the terms of this RFP in context of Medicaid reimbursable activities. This requirement will not supersede the provider credentials required in the service activities. Agencies awarded a contract under this RFP will be subject to administrative claiming for all eligible services regardless of licensure, and will be expected to participate in time studies by DOE or their agent(s) three times a year, or more frequently if required. All services under this RFP will be subject to Medicaid audit.*

#### **B. Description of the goals of the service**

School-based behavioral health services are provided within the context of the Hawaii Department of Education Comprehensive Student Support System. As part of an integrated programmatic approach, these services are designed to provide the personalized support necessary to assist students to successfully engage standards-based educational opportunities through overcoming individual barriers to learning. The primary goal is to remove barriers to learning through the provision of behavioral health services to students emphasizing the development of skills necessary to meet the social, communication, emotional and behavioral demands of the learning and school community environment.

Assessment services provided are to be integrated with DOE employee-provided or contracted behavioral health services in order to ensure timely and appropriate access to a full array of educational and behavioral health services that are organized in a coordinated and collaborative manner in an accountable, cost effective, performance-based system for providing services to assist all students.

#### **C. Description of the target population to be served**

Students who are eligible for the services described in this RFP must meet the following criteria:

1. The student has or is suspected of having a disability described in HAR Sections 8-56-16 to 8-56-29;
2. The student needs special education and related services because of the disability described in paragraph (1) above; or

3. The student has a modification plan developed under criteria described in HAR Sections 8-53-1 through 8-53-38, that is, a student eligible for services under Chapter 53 (Section 504) criteria;
4. The student needs a modification plan and related services because of having an eligibility described in paragraph three (3); and
5. The student resides in the State and comes within the following age range: (a) at least three years of age and (b) under 20 years on the first instructional day of the school year as set forth by the Department of Education; and
6. The student is currently exhibiting severe social, communication, emotional, or behavioral deficits and is in need of behavioral or mental health services in order to benefit from their free and appropriate public education.

Within Hawaii, approximately **7,500** students currently require such services. A significant reduction in this number is not anticipated between the release of this RFP and June 30, 2005. However, as the DOE builds capacity to provide this service, the need for contracting for this service may decrease.

**D. Geographic coverage of service**

The services are sought across the State, except for Kauai. Refer to Section 3 POS Proposal Applications for specific requirements in submitting proposals by district(s) and complex(es).

**E. Probable funding amounts, source, and period of availability**

It is expected that State funds will be used to support these services. The current general fund appropriation for school based behavioral health services approximates **\$1 million**.

Increased funding may be available subject to the availability of funds. It is expected that funding of at least this current level would be allocated for this contract period.

**II. General Requirements**

**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO website <http://www.spo.hawaii.gov>  
Click on *Procurement of Health and Human Services*  
Click on *For Private Providers*  
Click on *Forms*

Click on *Budget Application Forms for Requests for Proposals*

Applicant must hold an appropriate certification or license to practice independently, for those activities restricted by licensure laws, or ensure and demonstrate the availability of appropriate supervision.

**B. Secondary purchaser participation**  
(Refer to §3-143-608, HAR)

☒ Allowed ☐ Unallowed

**C. Multiple or alternate proposals**  
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

**D. Single or multiple contracts to be awarded**  
(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

**E. Single or multi-term contracts to be awarded**  
(Refer to §3-149-302, HAR)

☒ Single term (< 2 yrs) ☐ Multi-term (> 2 yrs.)

Contract terms:

Contracts will be awarded for a one (1) year period, with the possibility of up to an additional one (1) year extension upon the execution of a Supplemental Agreement. The contract extension will be contingent upon potential changes to DOE's approach to service delivery.

**F. RFP contact person**

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Ms. Paulie Schick, State Educational Specialist (SBBH)  
Department of Education, Student Support Services Branch  
641 18<sup>th</sup> Avenue, Room V-201  
Honolulu, Hawaii 96816  
Phone: (808) 735-6225 Fax: (808) 733-9890

### III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

#### A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

This RFP is seeking the following responses:

- Functional Behavioral Assessment and Behavioral Support Plans;
- Emotional Behavioral Assessment – Comprehensive;
- Emotional Behavioral Assessment – Annual Update;
- Educational Team Planning and Participation; and
- Court/Due Process Hearing Testimony.

*The details of each service are listed below in Section B – Work Activities. Any response must respond for all of the services contained in this RFP. A response that omits any one of these services will not be considered and will be rejected as non-responsive. Responses to this RFP may also be awarded contracts for other outsourced services. There is no restriction prohibiting providing assessments and direct services in the same district.*

**Applicants responding to provide these services must adhere to the following provisions for any service activity:**

- Provide time-limited services based on an evidence based educational model conducive to success in meeting academic and/or social goals and objectives in the IEP or Modification Plan and Hawaii Content and Performance Standards II.
- Provide services according to time and frequency parameters specified by the DOE and not to exceed the time or units authorized. In addition, provide services in a timely manner, e.g., do not provide all authorized contract hours for the month in a few sessions at the end of the month, unless such an arrangement is specified within the IEP or MP.
- Provide services at the student's school, or at a site identified by the IEP or MP Team as best suited to address IEP/MP goals and objectives, in consultation with the provider.
- Sign in at the school office when entering a school campus, and sign out when leaving a school campus. The Service Verification form must be completed and submitted on a monthly basis to the IEP/MP Care Coordinator. See Section 5, Attachment C.
- Wear appropriate identification when visiting a school campus.
- Maintain appropriate levels of contact (as specified per service) with families and school staff.
- Make contact with the school staff and/or student/family within one week of procurement and be able to initiate service within two weeks of procurement.



- Demonstrate capability to provide timely scheduling of appointments, processing of documents, and participation in conference meetings.
- Demonstrate competency in the services to be provided, including specific competencies related to the educational implications of severe social, emotional, communication and behavioral deficits.
- All contract providers and agency staff members providing direct services must have attended, and have documentation to the effect that he or she has completed, at least forty (40) hours of annual professional development. Such professional development must be directly related to his or her work responsibilities, and be completed **before** beginning service delivery.
  - Within the required forty hours of professional development, all contract providers and agency staff members must have at least thirty (30) hours of basic training including, but not limited to, crisis field assessment and intervention, suicide assessment, risk assessment, clinical protocols, documentation, and knowledge of community resources, as well as training regarding court processes and legal documents relative to emergency procedures, plus specific legal issues governing informed consents. Such basic training must be completed prior to performing crisis outreach services.
  - All contract providers and agency staff members providing direct services must also receive information and training regarding the following topics:
    - IDEA and HAR Chapter 56 requirements, including procedures and eligibility criteria;
    - Section 504 and HAR Chapter 53 requirements, including procedures and eligibility criteria;
    - Family Educational Rights and Privacy Act and HAR Chapter 36 requirements;
    - HAR Chapter 19 procedures and requirements;
    - State laws regarding child abuse and neglect reporting, reporting criminal behavior and threats regarding suicide and homicide;
    - Crisis intervention procedures, including suicide precautions;
    - A review of Hawaii CASSP Principles;
    - A review of the Comprehensive Student Support System (CSSS);
    - An understanding of educationally relevant interventions and recommendations; and
    - An understanding of team-based decision-making.
  - Documentation of professional development shall include the name of the in-service, the name of the instructor, date, place and time of in-service. Individuals must have signed in on official in-service registration sheets. Team meetings and supervisory sessions may not be substituted for professional development.
- Participate in District/Complex Quality Assurance Meetings at the request of DOE.
- Participate in due process requirements at the request of DOE.

- Participate in the Internal Monitoring process at the request of DOE.
- All contract providers and agency staff members must adhere to the DOE Water Safety Guidelines. See Section 5, Attachment D.

In the event that an applicant intends to integrate services with schools, agencies, and other DOE contracted providers, applicants presuming to utilize any community assets, staff, facilities, or instructional resources, including those of the DOE, shall submit documentation of any agreements with the relevant community agency(ies) confirming the applicant's intent to participate in service delivery in the event the applicant is successful and awarded a contract.

## **B. Work Activities**

The applicant should address how the proposed plan and services would support service delivery within the least restrictive environment.

### **1) Functional Behavioral Assessment and Behavioral Support Plans**

#### **Service Description:**

Functional Behavioral Assessment (FBA) is a process that provides a framework for developing effective programs for students. It examines the events that reliably predict and maintain problem behavior while using a strength-based approach that considers the "whole child" and the context in which the behavior occurs. It addresses problem behavior by developing behavior support plans that move away from being reactive and punitive in nature, to plans that are proactive with research-validated practices. The approach is geared at utilizing a student's strengths to provide a basis for plan development, instructional programming, and behavior management that are geared to each individual's needs, preferences, and long-term goals.

An FBA requires:

1. Contact with the school and family to arrange appointment(s) with the school staff, student and family within one week of procurement.
2. Conducting the assessment within two weeks of procurement.
  - a. Parental consent for assessment and release of information is covered by the IEP/MP consent. No additional parental consent for assessment or release is needed by the contracted provider.
3. Completed written report and resultant Behavior Support Plan within 30-days of procurement to the IEP/MP Care Coordinator. The written report will include all of the following: Gathering broad information:
  - a. Student's strengths and skill limitations;
  - b. Daily routines and activities;
  - c. Student's and family's goals;
  - d. Health concerns; and

- e. Quality of life indicators (relationships, choice and control, access to preferred activities.)

\*This type of information can be gathered from various places including team discussions, interviews, review of records, rating scales, specific skill assessments.

4. Gathering specific information

- a. Student's strengths and skill limitations;
- b. Daily routines and activities;
- c. Identifications of positive and negative consequences;
- d. Health concerns;
- e. Quality of life indicators (relationships, choice and control, access to reinforcing activities);
- f. Baseline data;
- g. Specific events or factors contribute to the student's problem behavior;
- h. When the student is most likely to engage in the problem behavior;
- i. What appears to be maintaining the student's behavior;
- j. What function(s) the problem behavior serves for the student;
- k. When the student is less likely to engage in problem behavior (Identify characteristics of these situations); and
- l. Factors that might be contributing to the student's problem behavior.

\*This type of information can be gathered from various forms of informant and observation techniques including BASC-2, team discussions, scatter plots, and ABC analyses.

- 5. Once the assessment process is completed and predictable patterns emerge, that explain when and why the student is engaging in problem behavior; a hypothesis statement needs to be developed. The hypothesis will serve as a foundation on which to design a behavior support plan and should include the following:
  - a. When this happens (a description of specific antecedents associated with the problem behavior);
  - b. The student does this (a description of the problem behavior); and
  - c. In order to (a description of the possible function of the behavior).
- 6. Clear hypothesis statements should lead to interventions that are based on understanding the functions of the student's behavior. Behavior support plans should be detailed and contain the following elements:
  - a. Antecedent and setting event modifications;
  - b. Teaching of alternative skills using research based practice;
  - c. Consequence strategies to strengthen alternative skills, reduce the pay off for the problem behavior, and crisis prevention/intervention;
  - d. Lifestyle interventions that include long-term maintenance of skills;
  - e. Implementation date of the Behavior Support Plan;
  - f. Delineation of who is responsible for each intervention;
  - g. Criteria to evaluate progress; and
  - h. Crisis management plan, if needed.
- 7. Provider will submit the FBA and BSP, utilizing DOE prescribed process, checklist and tools, attached in Section 5, Attachment E.

**Service Operations:**

1. Parent(s), student, and staff associated with the behavior support plan are actively involved in the process.
2. Plan contains all required service content components.
3. Plan is typed.
4. Plan is submitted and meets timelines.
5. Plan is proactive and is strength-based.
6. Plan addresses a student's needs and does not specify a particular program or eligibility status.
7. Assessment of student progress in plan objectives yields a clear picture of plan effectiveness.
8. Report includes original signature(s) of the assessor (and supervisor as necessary) acknowledging responsibility for the assessment.

**Referral Criteria:**

Student requires an assessment to determine behavior health needs and recommendations as part of the Chapter 56 or Chapter 53 process.

**Authorization (Billable Hours):**

The procured flat rate reflects the time required for completing the data gathering, assessment process, behavioral support plan, feedback session, and final report. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the FBA/BSP report and must be submitted to the IEP/MP Care Coordinator before submitting an invoice claim and payment can be made.

Maximum Billable: Flat rate per FBA/BSP required.

**Completion of Service:**

1. The assessment and feedback session have been completed.
2. The written assessment report is submitted to DOE and meets standards, as described. Assessments not meeting these standards will be returned to the assessor for correction. Payment may not be made or a reimbursement will be sought if assessments are not corrected according to prescribed standards.

**Staffing Requirements:**

Assessors must meet one of the following requirements:

Be a Hawaii licensed psychologist or psychiatrist **AND** have a minimum of one (1)

year of supervised training in child and adolescent assessment;

OR

Have a Master's degree, doctoral degree, or be a doctoral candidate in a graduate program in psychology or psychiatry from a regionally or nationally accredited program **AND** a minimum of one (1) year of documented training and supervised experience in child and adolescent assessment, **AND** work under the supervision of a licensed psychologist or psychiatrist meeting standards above. [NOTE: At a minimum, the supervisor must review all prior reports/data; review all current assessment data; and participate in the interpretation of data, and the development of a diagnoses and recommendations. The supervisor is to sign the report acknowledging responsibility for the assessment.]

### **Documentation:**

Providers are required to input assessment and data information in the ISPED modules and other modules that DOE requires.

## **2) Emotional Behavioral Assessment – Comprehensive**

### **Service Description:**

Diagnostic and evaluation service involving a strengths-based approach to identify student's needs in the context of school, family and community. This service includes completion of an initial comprehensive assessment as part of the DOE identification and eligibility process. Service components include written assessments, a feedback session and IEP/MP development suggestions.

An emotional behavioral assessment requires:

1. Contact family and arrange for appointment with the student and family within one week of procurement.
2. Conduct assessment within two weeks of procurement.
  - a. Parental consent for assessment and release of information is covered by the IEP/MP consent. No additional parental consent for assessment or release is needed by the contracted provider.
  - b. Review and incorporate DOE diagnostic team reports, including psychometric test results, if available.
  - c. Review and incorporate any other relevant data including developmental, psycho-social, medical, educational, and legal histories as provided by the school student services coordinator (SSC).
  - d. Interview school personnel -- teachers, counselors, and/or administrators, or other persons that have first-hand knowledge of the functioning of the student.
  - e. Interview family/significant others.
  - f. Interview student face-to-face.
  - g. Administer assessment instruments as indicated to include a minimum the

- BASC-2, CAFAS and Achenbach checklists from home (CBCL) and school (TRF) and youth (YSR), if 11 years or older.
3. Complete written report within 30 days of procurement to the IEP/MP Care Coordinator. A written report includes all of the following:
    - a. Date(s) of assessment and date of report.
    - b. Identifying information: student name, DOB, legal guardian, home-school, grade, IDEA/504 status.
    - c. Reason(s) for referral.
    - d. Sources of information: including review of records, interviews, and assessment tools.
    - e. Brief developmental, medical, family, social educational, and psychiatric history-include post and current use of and reasons for psychotropic medications.
    - f. Substance use history.
    - g. Description and history of presenting problems(s).
    - h. Behavioral observations and Mental Status Exam must include all of the following:
      - i. Appearance, attitude, and behavior;
      - ii. Orientation;
      - iii. Affect and mood;
      - iv. Thought content/processes:
        1. Fund of knowledge;
        2. Intelligence;
        3. Cognitive processes; and
        4. Memory.
        5. Insight;
        6. Judgment; and
        7. Homicidal/suicidal risk.
    - i. Assessment Results and interpretation; must include specific scores, plotted profiles, and analytical interpretations of the BASC-2, CAFAS and Achenbach Checklists.
    - j. Student and Family Strengths.
    - k. Clinical Formulation/Justification of Diagnoses (include severity and duration of diagnoses; for Rule/Out or Provisional diagnoses, explain what needs to occur to obtain a more definite diagnosis).
    - l. Diagnostic Impression: DSM IV-5 Axes.
    - m. Statement addressing how student's behaviors/functioning impacts his/her ability to benefit from their educational program.
    - n. Summary of strengths, concerns, and description of needs that must be met for student to benefit from his/her education.
    - o. Strengths-based recommendations with suggested goals and measurable objectives must be included. Recommendations will conform to the following:
      - i. Supported by empirical research;
      - ii. Describe and address the needs of the student and family;
      - iii. Avoid specifying a particular service, program, or eligibility status.

For example, it should not be specified that the student needs therapeutic aide services, day treatment, or that the student should be certified Emotionally Impaired under IDEA. Instead recommendations should focus on the student's particular needs, e.g., "the student is in need of close supervision due to ..." or "the student is in need of a structured school environment and intensive counseling services" or "the student's symptoms include...."

- iv. Include possible least restrictive classroom modifications and/or school-based intervention recommendations that may address student's needs.

### **Service Operations:**

1. Parent(s), student, and staff associated with the assessment were actively involved in the process.
2. Report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5, Attachment F.
3. Report is typed.
4. Report is submitted within one week of assessment completion.
5. Report recommendations addresses a student's needs and does not specify a particular service, program or eligibility status.
6. Report includes original signature(s) of the assessor (and supervisor as necessary) acknowledging responsibility for the assessment.

### **Referral Criteria:**

Student requires an initial assessment to determine mental health needs and recommendations as part of the DOE identification and eligibility process.

### **Authorization (Billable Hours):**

The procured flat rate reflects the time required for completing the review of data, assessment process, feedback session, intervention planning, and final report. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the EBA and report must be submitted to the IEP/MP Care Coordinator before submitting an invoice claim and payment can be made.

Maximum Billable: Flat rate per EBA is required.

### **Completion of Service:**

1. The assessment and feedback session have been completed.
2. The written assessment report is submitted to DOE and meet standards, as described. Assessments not meeting these standards will be returned to the

assessor for correction. Payment may not be made or a reimbursement will be sought if assessments are not corrected according to prescribed standards.

3. Scores and plotted profiles of the CAFAS, BASC-2, and Achenbach forms should be attached.

### **Staffing Requirements:**

Assessors must meet one of the following requirements:

Be a Hawaii licensed psychologist or psychiatrist **AND** have a minimum of one (1) year of supervised training in child and adolescent assessment;

OR

Have a Master's degree, doctoral degree, or be a doctoral candidate in a graduate program in psychology or psychiatry from a regionally or nationally accredited program **AND** a minimum of one (1) year of documented training and supervised experience in child and adolescent assessment, **AND** work under the supervision of a licensed psychologist or psychiatrist meeting standards above. [NOTE: At a minimum, the supervisor must review all prior reports/data; review all current assessment data; and participate in the interpretation of data, and the development of a diagnoses and recommendations. The supervisor is to sign the report acknowledging responsibility for the assessment.]

### **Documentation:**

Providers are required to input assessment and data information in the ISPED modules such as IEP/MP, and other modules that DOE requires.

Written report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5, Attachment F.

### **3) EBA – Annual Update**

#### **Service Description:**

Emotional Behavioral Annual Assessment involves a strengths-based approach to **update** identification of the student's needs in the context of school, family and community. This service includes completion of annual assessments to *determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source*. Service components include written assessments, a feedback session and IEP/MP development suggestions.

An Emotional Behavioral Annual assessment requires:

1. Contact family and arrange for appointment with the student and family within one week of procurement.
2. Conduct assessment within two weeks of procurement.



- a. Parental consent for assessment and release of information is covered by the IEP/MP consent. No additional parental consent for assessment or release is needed by the contracted provider.
3. Review, update, and incorporate any relevant data including developmental, psychosocial, medical, educational, and legal histories as provided by the school student services coordinator (SSC).
4. Interview school personnel -- teachers, counselors, behavior specialists and/or administrators, or other persons that have first-hand knowledge of the functioning of the student.
5. Interview family/significant others.
6. Interview student face-to-face.
7. Administer assessment instruments, if not provided, to include a minimum the BASC-2, CAFAS and Achenbach checklists from home (CBCL) and school (TRF) and student (YSR), if 11 years or older.
8. Complete written report within 30 days of procurement to the IEP/MP Care Coordinator.
9. Behavioral observations and Mental Status Exam must include all of the following:
  - a. Appearance, attitude, and behavior;
  - b. Orientation;
  - c. Affect and mood;
  - d. Thought content/processes:
    - i. Fund of knowledge;
    - ii. Intelligence;
    - iii. Cognitive processes;
    - iv. Memory;
    - v. Insight;
    - vi. Judgment; and
    - vii. Homicidal/suicidal risk.
10. Assessment Results and interpretation;
11. Student and Family Strengths.
12. Clinical Formulation/Justification of Diagnoses (include severity and duration of diagnoses; for Rule/Out or Provisional diagnoses, explain what needs to occur to obtain a more definite diagnosis).
13. Diagnostic Impression: DSM IV-5 Axes.
14. Statement addressing how student's behaviors/functioning impacts his/her ability to benefit from their educational program.
15. Summary of strengths, concerns, and description of needs that must be met for student to benefit from his/her education.
16. Strengths-based recommendations with suggested goals and measurable objectives must be included. Recommendations will conform to the following:
  - a. Supported by empirical research;
  - b. Describe and address the needs of the student and family;
  - c. Avoid specifying a particular service, program, or eligibility status. For example, it should not be specified that the student needs therapeutic aide services, day treatment, or that the student should be certified Emotionally Impaired under IDEA. Instead recommendations should focus on the

- student's particular needs, e.g., "the student is in need of close supervision due to ..." or "the student is in need of a structured school environment and intensive counseling services" or "the student's symptoms include...."; and
- d. Include possible least restrictive classroom modifications and/or school-based intervention recommendations that may address student's needs.

### **Service Operations:**

1. Parent(s), student, and staff associated with the assessment were actively involved in the process.
2. Report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5, Attachment G.
3. Report is typed.
4. Report is submitted within 30 days of procurement.
5. Report recommendations addresses a student's needs and does not specify a particular service, program or eligibility status.
6. Report includes original signature(s) of the assessor (and supervisor as necessary) acknowledging responsibility for the assessment.

### **Referral Criteria:**

Student requires an annual assessment to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source.

### **Authorization (Billable Hours):**

Prior procurement by DOE is required for each evaluation. The procured flat rate reflect the time required for completing the data gathering, assessment process, feedback session and final report. There is no payment for travel time, wait time, appointment no-shows, or cancellations.

Event is only billable upon completion of the evaluation and the report must be submitted to the appropriate IEP/MP Coordinator before submitting an invoice claim and payment can be made.

Maximum Billable: Flat rate is required.

### **Completion of Service:**

1. The assessment and feedback session have been completed.
2. The written assessment report is submitted to DOE and meets standards, as described. Assessments not meeting these standards will be returned to the assessor for correction. Payment may not be made or a reimbursement will be sought if assessments are not corrected according to prescribed standards.
3. Scores and plotted profiles of the CAFAS, BASC-2, and Achenbach forms should

be attached.

### **Staffing Requirements:**

Assessors must meet one of the following requirements:

Be a Hawaii licensed psychologist or psychiatrist **AND** have a minimum of one (1) year of supervised training in child and adolescent assessment;

OR

Have a Master's degree, doctoral degree, or be a doctoral candidate in a graduate program in psychology or psychiatry from a regionally or nationally accredited program **AND** a minimum of one (1) year of documented training and supervised experience in child and adolescent assessment, **AND** work under the supervision of a licensed psychologist or psychiatrist meeting standards above. [NOTE: At a minimum, the supervisor must review all prior reports/data; review all current assessment data; and participate in the interpretation of data, and the development of a diagnoses and recommendations. The supervisor is to sign the report acknowledging responsibility for the assessment.]

### **Documentation:**

Providers are required to input assessment information and data in the ISPED modules and other modules that DOE requires.

Written report contains all required service content components, utilizing the DOE prescribed report format as attached in Section 5, Attachment G.

## **4) Educational Team Planning and Participation**

### **Service Description:**

Provide time for contract providers to meet with the student's educational team members to develop, revise, and/or review an IEP/MP or other related educational plan such as an FBA or BSP. This service consists of non-regularly scheduled meetings.

This service includes all of the following:

1. Attendance at a multi-disciplinary education planning conference and organized presentation of pertinent information educationally related to the goals and objectives of the student;
2. Completion of an IEP/MP or BSP, as needed, identifying goals, measurable objectives and interventions based on student evaluation data;
3. Documented verification of attendance such as a sign in sheet; and
4. Documentation will occur for each meeting in the student's progress notes. The narrative should include the topic discussed and the outcome of the provider's participation.

**Service Operations:**

1. The contract provider ensures that adequate representation is available at the education planning meeting.
2. Participation in education planning is documented in student's IEP or MP.
3. Copy of the IEP and BSP are included in the student's record.

**Referral Criteria:**

1. The student has an IEP or MP; **AND**
2. DOE identifies that participation of the contract provider in the education planning meeting would be educationally beneficial.

**Authorization (Billable Hours):**

Prior procurement by DOE is required for each education planning meeting. DOE identifies that participation of the contract provider in the education planning meeting would be educationally beneficial. If another agency or entity requests the contract provider's presence at the meeting, DOE would not be the procurement agency for that service.

**Educational Team Planning and Participation is billable only upon prior authorization from a DOE administrator affiliated with the IEP team.**

Education planning meetings are limited to the actual time spent at the meeting. There is no reimbursement for travel time, wait time, or cancellations.

Maximum Billable: Actual time spent at IEP/MP meeting.  
(1 unit = 5 minutes, 12 units = 1 hour)

**Completion of Service:**

The service is complete when both of the following are complete:

1. Participation at the IEP/MP planning meeting is completed.
2. Documented verification of attendance such as a sign in sheet.

**Staffing Requirements:**

Specific education planning participants must meet the qualifications requirement for the particular level of care represented.

**Documentation:**

1. Contract providers are required to input information in the ISPED modules such as IEP/MP, visit log, progress report and other modules that HDOE requires.
2. Contract providers shall enter data into ISPED on a weekly basis within twenty-

- four (24) hours of service provision.
3. Data entry into ISPED must be submitted before invoice submission and payment.

## 5) Court/Due Process Hearing Testimony

### Service Description:

Participation in a court hearing or due process hearing at the request of DOE. This participation is in addition to a State representative's (i.e., Deputy Attorney General) presence in court and is intended to ensure that the court has access to all relevant information needed.

1. Attend court hearing as requested by the DOE to present relevant educational data or information needed.
2. Specific report writing by provider needed for court or due process hearing (Quarterly Progress Reports, Progress Notes, Clinical Evaluations, and other existing reports do not suffice). If a specific report must be submitted, the DOE may request that the contract provider complete specific documentation to assist in the writing of the report. The unit of service for the generation of the specific documentation is limited to a maximum of one hour.
3. Recommendations are based on the presenting needs of the student.  
**Recommendations will not be accepted regarding specific services, methodology or persons** (i.e., student requires day treatment).
4. Reports are made available to the DOE for review prior to the hearing.

### Service Operations:

1. Present testimony at the court hearing or due process hearing.
2. The report, if requested, is signed by the appropriate professional.

### Referral Criteria:

1. Student has an IEP or MP;
2. Student has a scheduled court hearing or due process hearing; **AND**
3. The DOE identifies that participation by the contract provider would be helpful to the court in understanding the student's case.

### Authorization (Billable Hours):

**Prior procurement by the DOE** is required for each court hearing or due process hearing session or event. Participation is limited to 24 units. Specific rationale for exceeding the maximum units must be reviewed with school administrator or district educational specialist prior to the procurement of the service.

Maximum Billable = 24 units

(1 unit = 5 minutes, 12 units = 1 hour)

### **Completion of Service:**

This service delivery ends with the completion of the court hearing or due process hearing, or the acceptance of the requested documentation by the State representative.

### **Staffing Requirements:**

Participants must meet the qualifications requirement for the particular level of care represented.

### **Documentation:**

Report as specified under Service Description, if necessary.

## **C. Management Requirements (Minimum and/or mandatory requirements)**

### **1) Personnel**

#### *Provider Networks and Supervision Requirements:*

Applicants may choose to hire direct employees, or establish a network of professional providers. If the applicant utilizes a network of independent providers, each practitioner must meet the state requirements to provide behavioral health services as an independent practitioner. The applicant shall assume responsibility for the quality of work provided by its employees, subcontracted providers, and volunteers. The applicant shall also be responsible for monitoring the work of all subcontractors and ensure that expectations and responsibilities of the applicant and its employees are equally placed on subcontracted providers. Each applicant must identify how personnel will be trained to ensure that services provided are consistent with an educational model and are consistent with evidence based interventions for the populations addressed in the proposal.

An applicant must address supervision and monitoring of the quality of services of all employees and contracted personnel.

The applicant must ensure that employees, subcontracted providers, and volunteers adhere to all applicable state laws regarding the obtaining and releasing of confidential student information. The agency shall adopt and implement policies and procedures that govern the provision of services in natural settings and documents that it respects students' and/or families' right to privacy when services are provided in these settings. The DOE shall have the right to inspect these policies. Educational records are governed under FERPA; these documents are the property of DOE. Parental consent for assessment and release

of information is covered by the IEP/MP consent. No additional parental consent for assessment or release is needed by the contracted provider.

*Criminal History Record Checks:*

At this time, the Department is actively seeking legislation that will amend current law to allow the DOE to perform local and national fingerprinting checks of all of its employees, subcontracted providers, and volunteers who work in close proximity to children. It is anticipated that legislation will be enacted and rules implemented by July 2005. Applicants awarded contracts under this RFP will be subject to any statutory or regulatory requirements promulgated for this purpose.

Applicants should be prepared to conduct the following record checks:

The applicant shall require criminal history checks on all employees, subcontracted providers, and volunteers as provided under Section 302A-601.5, HRS and HAR 8-7. The DOE shall perform the fingerprint and criminal history checks and charge the applicant a reasonable fee for all costs associated with conducting and processing criminal history checks of all applicant's employees, subcontracted providers, and volunteers, including, but not limited to administrative and program staff members who work in close proximity to children as a result of being awarded a contract under this RFP. Applicants shall require all employees, subcontracted providers, and volunteers to complete a copy of the DOE Form 90. Fingerprinting checks required under this section shall be completed before any employee, subcontracted provider or volunteer of the applicant is assigned to any work site.

The applicant shall maintain a record of the mandatory criminal history checks performed on each of its employees, subcontracted providers, and volunteers in compliance with the above. A local criminal history check is required every three years.

Additionally, the applicant shall maintain and update a list of all new employees, subcontracted providers, and volunteers that document the status and completion dates of the mandatory background checks.

The Department reserves the right to monitor the applicant's compliance with this stipulation on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.

## **2) Administrative**

All applicants must identify procedures to maintain personnel files of the training, supervision, appropriate credentialing, and ongoing monitoring of all employee, subcontracted provider, and volunteer performance.

Applicants must identify how they would provide the necessary infrastructure to support the provision of services under this RFP.

An organization chart which clearly defines the applicant's lines of authority and organizational functions must be included.

Applicants must also submit personnel updates, on a monthly basis, to reflect any changes in staffing (i.e., new hires, terminations, changes in credentialing) for the organization's officers and **direct service** personnel. Current copies of the resumes or curriculum vitae and copies of licenses or certificates for all new hires or changes in credentialing must also be submitted.

Applicants must maintain written policies and procedures that will identify the applicant's process for primary source verification of all personnel.

### **3) Quality assurance and evaluation specifications**

All applicants must participate in, at least annually or frequently quarterly, contract monitoring. This contract monitoring is based compliance with the DOE monitoring protocol and compliance with all administrative and fiscal aspects of the contract.

All documentation and all student records must be made available upon request by the DOE, or for audits scheduled by DOE.

All applicants must describe in detail a Quality Assurance Plan (QAP). Applicant must implement an internal QAP to assure the delivery of quality educational services, a plan for program assessment, and continuous improvement. The QAP will include evidence supporting their plan and will be available for district/state DOE review.

### **4) Output and performance/outcome measurements**

At a minimum these measures must include:

- Satisfaction of schools and parents with the services;
- Timeliness of services, which includes initiation of services as outlined in this RFP and reports provided by due dates; and
- Services provided are aligned with DOE educational philosophy and complement student's educational curriculum.

### **5) Experience**

Please refer to specific requirements as detailed in Section 2, B "Work Activities."

### **6) Coordination of Services**



Please refer to specific requirements as detailed in Section 2, B “Work Activities.”

## 7) **Reporting requirements for program and fiscal data**

### *a. Program Requirements:*

The development and implementation of an integrated Special Education Management Information System (ISPED) is a result of the *Felix* Consent Decree and will enable the Department to integrate with other existing systems and generate consolidated statistical information regarding student population, services and other related items (e.g. school lunch, attendance and graduation rates) from one location. ISPED is web based and accessible from all schools, state offices, and district offices, etc.

In addition, the Department desires to utilize technology in implementing such features as workflow, electronic forms, profiling, item banking of services and recommendations, electronic plan generation, case coordination, case management and the measurement of the effectiveness of services.

Applicants shall input information into the ISPED modules such as: 1) IEP/MP; 2) Visit Record; and 3) Progress Report and other modules that DOE may require. For any event in which work was done with the student, a visit record must be entered into ISPED within 24 hours of its occurrence. If in the event this is not possible, then an event shall be recorded in a paper format to be identified by DOE at a later date.

Data entry into ISPED (along with applicable requirements within each service activity) must be completed before invoice submission and payment.

At a minimum, applicants are required to have computer hardware that supports: 1) 32MB RAM running Microsoft Windows 95 or higher, or 32 MB RAM running Max OS 8.5 or higher; 2) Microsoft Word and Excel; 3) Internet Connection, Internet Explorer 5.0 or higher, Internet email; 4) Adobe Acrobat 4.0 or higher; and 5) Laser printer. Applicants are responsible for arranging for their Internet connections; DOE will not provide this service. Applicants must also provide their own equipment, training and technical support. Email may be used for all provider correspondence and applicants will be responsible for checking accounts.

### **ISPED vs HARD COPY FORMATS**

<b>CONTRACT</b>	<b>REPORT REQ'D</b>	<b>ISPED</b>	<b>HARD COPY</b>
Assessments	Evaluation Report	<i>yes</i>	<i>yes</i>
	Visit Record	<i>no</i>	<i>n/a</i>

	Quarterly Progress Report	<i>no</i>	<i>n/a</i>
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*Applicants may also be required to submit prescribed monthly service verification forms documenting that services were actually rendered on the date specified.*

Applicants must submit documentation and evidence of policies and procedures regarding sentinel events and incidents. See Section 5, Attachment H. At a minimum, these policies should address: (1) how the applicant will notify the respective school administrator and the appropriate district educational specialist within 24 hours by fax or phone and in writing within 72 hours of any event that compromises the safety of a student; (2) how the applicant tracks the occurrence of all sentinel events and incidents to identify trends and patterns in order to implement improvements; and (3) a complete analysis of the event as well as actions taken to address the event.

Applicants must submit documentation and evidence of policies and procedures regarding the use of restraints.

*b. Fiscal Requirements:*

Original monthly claims/invoices, along with the DOE billing diskette, must be submitted within 14 calendar days after the last day of each calendar month to the applicable district. A sample billing diskette may be obtained from DOE upon the execution of a contract from the School Based Behavioral Health Services (SBBH) office referred to in this RFP. Invoices and billing diskettes shall be submitted to the SBBH Contract Specialist of the applicable school district. All appeals and corrections for reporting/invoice rejections must be resolved within the next 60 calendar days and late claims will not be accepted. Any appeals and corrections for reporting/invoice rejections shall constitute the end of DOE's requirement to pay within 30 days upon receipt of the original invoice. DOE's requirement to pay within 30 days starts on the day the corrected invoice is re-submitted and accepted by DOE. All provider reporting data must be submitted in the manner and format specified by DOE. See Section 5, Attachment I. The Department reserves the right to audit the agency's financial records and billing documentation on an annual basis, at a minimum, through either an on-site evaluation or a documentation review.

*c. Final Reports and Other Documentation:*

The agency shall, at the completion of the contract period, submit a final written report summarizing contract performance to DOE in a format to be prescribed by DOE. See Section 5, Attachment J.

The agency shall submit the original tax clearance certificate upon the execution of a contract with DOE and with the final invoice.

## 8) **Pricing Structure or Pricing Methodology to be Used**

Pricing structure should be based on a negotiated unit of service rate. In order to determine a price (unit rate) for a unit of service, the applicant and state purchasing agency negotiate the total costs (including agency administration) for operating a program at a specific capacity and divide by the total number of units of service that the program can produce at that capacity. The applicant is requested to furnish a reasonable estimate of services it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

The unit rate may be subject to negotiation based on the amount of services needed.

This RFP seeks to purchase services on an as needed basis. However, in determining capacity and to assist in developing a proposed rate(s) applicants to this RFP shall provide a minimum number of units they can deliver for each geographic area by level of care to assist the department in determining existing capacity.

## 9) **Units of service and unit rate**

Applicants shall submit a unit rate for the services covered by this RFP, ***unless otherwise indicated that a flat rate is required.*** The standard unit of service as established under this RFP is five (5) minutes. Applicants are to submit the proposed unit rate for each level of credential on the Rate & Cost Summary Worksheet for each geographic area. See Section 5, Attachment K.

The units provided must be recorded in five (5) minute increments (i.e., 5 minutes="1", 30 minutes="6", 45 minutes="9", 1 hour="12"), instead of hourly.

In proposing a unit rate, applicants should include all direct and indirect costs associated with service delivery. Applicants should consider the following factors in determining a unit rate: (this is not to be considered an exhaustive list)

- Cost of travel, including airfare, lodging and car rental;
- Cost of mileage reimbursements for all direct service providers;
- Costs associated with servicing remote geographical areas; and
- Costs associated with documentation requirements.

For all service activities there is no payment for wait time, no-shows, and/or cancellations, or start-up costs associated with developing/opening of a new program.

## D. **Facilities**

Applicant need only respond to this section if applicable to this service. Applicants should be clear where the services are to be provided, and if they will be delivered at a specific site. If so, this section should apply.

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

## Section 3

### POS Proposal Application Instructions

#### General instructions for completing applications:

- POS Proposal Applications shall be submitted to the Department of Education using the prescribed format outlined in this section.
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through each section.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (for the website address see the Competitive POS Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

#### The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

## **I. Program Overview**

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services. Applicant shall include points of contact, addresses, e-mail/phone numbers. The DOE reserves the right to contact references to verify experience.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. Applicants must create and maintain an internal quality assurance and improvement plan (QAIP) to assure the delivery of quality educational services and a plan for program assessment and continuous improvement. This plan should explain how the applicant would ensure outcomes from the services provided. As this is an educationally related service, the primary outcome measure the DOE is accustomed to is an improvement in grades, behaviors, or scholastic criteria as set forth in the student's IEP or MP. Applicant responses should seek to detail how work is evaluated and reviewed by supervisors, and to what degree providers are accountable for providing sound interventions in accordance with the requirements set forth in this RFP.

### **D. Operational Plan**

The applicant should describe in detail how the agency would address operational issues relating to the delivery of the services covered in this RFP. Specifically, the applicant should provide how it will handle new referrals, its policies and procedures for initiating services, ensuring records and reports are accounted for within timelines, how it monitors and verifies service delivery prior to and after billing claims have been submitted, and will comply with the terms of this RFP or subsequent contract. In addition, the proposal should reflect how the applicant addresses concerns about its service providers, and how it resolves questions of provider conduct or performance.

If applicable, the applicant response should detail how the plan reflects past practice, or how it has been modified from the agency's prior method of operation. If the applicant has no prior history servicing this population in Hawaii for the Departments of Education or Health, then it should demonstrate how these policies and procedures would be fully adhered to and provide some measure of verification in the proposal that they will be faithfully implemented if a contract is awarded.

**E. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

**F. Facilities**

Applicants need only to respond to this section if applicable to the service. Applicants should be clear where the services are to be provided, and if they will be delivered at a specific site. If so, this section would apply.

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

**III. Project Organization and Staffing**

**A. Staffing**

**1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) This should be reflected in the supporting resumes or curriculum vitae attached as part of the applicant's response. For each service type specified in the scope of services, the applicant should illustrate what it considers the norm for the qualifications and level of education or experience of its providers.

**2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.) The applicant shall also

describe how staff are evaluated not only for the mandatory background checks, but also for competence and ability to deliver the services in conformity with the applicant's own policies and within the requirements of this RFP.

## **B. Project Organization**

### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. The supervision ratios of supervisors to staff should be identified for each service activity. The applicant's ability to train its personnel should be specifically addressed. A description of the training program, how it will be enforced and implemented, and what it entails should be specifically described.

### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision (Include position title, name and full time equivalency). Both the "Organization-wide" and "Program" organization charts shall be attached to the POS Proposal Application.

## **IV. Service Delivery**

The Service Delivery Section shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

***Applicant responses shall address how they will deliver each service activity detailed in Section 2. Responses must include the provision of all services listed in this RFP. Applicants may not choose to omit any of the services in their response. Failure to address all of the service activities will be deemed as non-responsive and the proposal shall be rejected.***

There is some divergence in nature and possible approaches to the services requested in this RFP. Applicants should indicate in the service delivery section how they would approach EACH of the services they are responding to. A generic response to how services will be addressed will not be scored highly. This section should contemplate the methodology, program integration, and allow a reviewer to differentiate one response from another for each service (i.e., a



section discussing only assessments, a section discussing only parent education/training, etc.).

Applicants shall provide services for all schools within the district(s) they propose to serve, including those schools in remote complex areas. Pay particular attention to the district's definition of geographic area. For a list of schools within each district, go to: <http://nssb.k12.hi.us/cgi-bin/clinks/main.cgi>.

Table 1, Anticipated Contract Service Hours by District, following this section, provides estimates to assist the applicant:

1. Determining unit rate; and
2. Providing minimum number of hours to be purchased by district/complex area for each level of care.

Table 1 was compiled based on data from actual units delivered in the prior fiscal year through DOE. Table 1 does not obligate the DOE to purchase the amount of services indicated, however, it should be used as a guideline of the volume of services that may be needed in each area. Applicants should use this information to determine infrastructure needs as well as cost estimates based on the information presented. Reduction in these numbers is not anticipated between the release of this RFP and June 30, 2006.

**Table 1**

ANTICIPATED HOURS NEEDED BY DISTRICT FOR ASSESSMENT SERVICES						
Type of Service	Honolulu District	Central District	Leeward District	Windward District	Hawaii District	Maui District
FBA/BSP	180	0	28	0	68	5
EBA – Comprehensive	1,000	37	31	35	802	100
EBA – Annual Update	250	20	61	0	130	190
Education Planning	65	0	0	0	30	5
School Consultation	25	0	0	0	108	10
Court/Hearing Testimony	10	0	0	0	0	2

## V. Financial

### A. Pricing Structure

#### **Pricing Structure Based on Unit of Service/Negotiated Unit of Service Rate**

For each district or complex area, if applicable, submit unit rate proposal using the Rate and Cost Summary Worksheet as attached in Section 5, Attachment K.

The unit rate may be subject to negotiation based on the amount of services needed.

Submit for each service, if applicable, a unit rate in providing the services delineated in Section 2, Subsection III.- Scope of Work. In proposing a unit rate, include all direct and indirect costs. Examples of indirect costs are travel and phone communication unless specified in each level of care. In arriving at a proposed cost for each level of care, the applicant must contemplate the associated costs for serving all schools within the geographic area and any incentives or other considerations to ensure employees or subcontracted providers will serve these schools.

This RFP seeks to purchase services on an as needed basis. However, in determining capacity and to assist in evaluating the proposed rate(s), applicants to this RFP shall provide a **minimum number** of units they can deliver for **each geographic area** by level of care to assist the department in determining existing capacity.

The standard unit of service as established under this RFP is five (5) minutes. The units provided must be recorded in five (5) minute increments (i.e., 5 minutes = "1", 30 minutes = "6", 45 minutes = "9", and 1 hour = "12"), instead of hourly. Assessment Services (Flat Rate) is the exception.

All budget forms, instructions and samples are located on the SPO website (<http://www.spo.hawaii.gov>). The following budget form(s) shall be submitted with the POS Proposal Application:

- **SPO-H-205 Budget**
- **SPO-H-205A Organization Wide Budget by Source of Funds**
- **SPO-H-205B Organization Wide Budget by Programs**
- **SPO-H-206A Personnel Salaries and Wages**
- **SPO-H-206B Personnel Payroll Taxes, Assessments and Fringe**
- **SPO-H-206C Travel Inter-Island**
- **SPO-H-206D Travel Out of State**
- **SPO-H-206E Contractual Services - Administrative**
- **SPO-H-206F Contractual Services - Subcontracts**
- **SPO-H-206G Depreciation**
- **SPO-H-206H Program Activities**
- **SPO-H-206I Equipment Purchases**
- **SPO-H-206J Motor Vehicle**

When preparing the SPO-H-205 Budget form, the first column should be used to reflect the total cost of the proposal (**i.e. total budget for all services across all districts**). Applicants should use the additional columns for each specific service they are applying for to reflect the associated costs in delivering that service (**i.e., total budget by each service specification-FBA and BSP, EBA, etc.**). If there is a set cost for some aspect of the service delivery, such as an office, the percentage of the cost should be assigned to each service as it relates to that cost.

If an applicant is responding to more services than will fit on one form, they may continue on additional forms as needed.

Applicants should submit one copy of the most recent financial audit report (if applicable), however, the listed budget forms must be submitted for consideration.

DOE reserves the right to ask for additional information (i.e., information supporting or justifying service delivery, or monthly group rate) from each applicant. Additional information must be available for review during the proposal evaluation period.

## **B. Other Financial Related Materials**

### **1) Accounting System**

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

- A description of how applicant's accounting system is organized to handle the contract;
- A description of the applicant's billing procedures including, if applicable, the procedures in which subcontractors are paid;
- Name of individual responsible for the accounting/billing system and his/her qualifications and position description;
- Applicant's most recent program annual report (if available);
- Applicant's most recent financial audit (if available);
- Description of the internal control structure used in the accounting system; and
- If accounting work is subcontracted, please describe.

### **2) Information System**

The applicant shall describe the organization's current type of computer hardware, software, any plans for major changes to comply with Section 2 Service Specifications, C.7. (Reporting requirements for program and fiscal data, and the capability of your staff to use the system.)

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

## **Section 4 Proposal Evaluation**

### **I. Introduction**

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

### **II. Evaluation Process**

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

Applicants who meet all requirements based on the rating listed in this section shall be qualified to enter into a contract with DOE. ***In order to be eligible for a contract award, the applicant must receive a score of 70 points or better as detailed in this section.***

Qualified applicants will be placed on DOE's School Based Services Qualified Providers List. Services will be procured from the contracted agencies on an as needed basis, and any referrals will be determined by the applicable school student services coordinator or designated representative. Selection will be based upon various factors including the applicant's responsiveness to the RFP, applicant's past performance, quality of providers, specific expertise, and fit of the provider.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

**A. Evaluation Categories and Threshold****Evaluation Categories****Possible Points****Administrative Requirements****Pass or Rejected*****POS Proposal Application*****100 Points**

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 points

**TOTAL POSSIBLE POINTS****100 Points****III. Evaluation Criteria****A. Phase 1 - Evaluation of Proposal Requirements****(1) Administrative Requirements**

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Federal Certifications
- Rate Schedule

**(2) POS Proposal Application Requirements**

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

**B. Phase 2 - Evaluation of POS Proposal Application (100 Points)****(1) Program Overview**

- The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.

- The goals and objectives are in alignment with the proposed service activity.
- The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.
- The applicant demonstrates a clear understanding of delivery of this service through an educational and not a clinical model.
- The applicant demonstrates a clear understanding of how to deliver these services in concert with the goals and philosophical approach of the Department of Education, and will incorporate its efforts under the Felix Consent Decree, the IDEA, Section 504, Subpart D, and the CASSP principles and integrate these efforts in assisting students to achieve school success.

**Note: No points are assigned to Program Overview. The intent is to give the applicant an opportunity to orient evaluators as to the services being offered.**

***(2) Experience and Capability (20 Points)***

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services in an educationally based approach and through empirically based interventions. Responses should specifically address the experience and capacity of its supervisors, or those overseeing the delivery of the services and their knowledge or expertise in the interventions or in working with this population. [7 Points]
- Sufficiency of quality assurance and improvement plans (QAIP) for the proposed services, including methodology. [6 Points]
- Demonstration of the applicant's specific operational plan to manage and oversee the delivery of services. [6 Points]
- Demonstrated capability to coordinate services with other agencies and resources in the community. [1 Point]

***(3) Project Organization and Staffing (15 Points)***

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- That the proposed staffing pattern, student/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services. Does the applicant have sufficient staff reflected in the attached resumes or curriculum vitae to provide the amount

of services proposed or does the applicant have a clearly detailed and viable plan for obtaining necessary staff? [2 points]

- Minimum qualifications (including experience) for staff assigned to the program. The applicant should have detailed and demonstrated a background review process as well as detailing their screening process for determining competency of providers to deliver interventions in line with the applicant's policies and the requirements of this RFP. [5 points]
- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. The supervision ratios of supervisors to staff are reasonable to ensure proper oversight and that the ratios are reflective of the degree of oversight needed for the respective ability of the individual providers. The applicant's ability to train its personnel is specifically addressed and the training program, how it will be enforced and implemented, and what it entails should be specifically described. [7 points]
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks). [1 point]

**(4) *Service Delivery (55 Points)***

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

- For each service in this RFP, the response has clearly detailed how the attendant tasks, obligations and reporting will be addressed. Responses should be clear both in their theoretical approach to an educationally based model as well as how this will translate to actual provision of the service(s). [7 points]
- The means in ensuring prompt responses to referral, and a detailed description of the applicant's policies and procedures on how services are referred to their providers. This should also clearly demonstrate how this system will avoid service delays or keep the DOE apprised of service gaps. The response should also address how the applicant will address the provision of substitutes. [6 points]
- The response should address how the applicant will service the remote or out-lying areas in the proposed school district(s) and ensure services will be available throughout the districts. [6 points]
- For each service, it should be clearly detailed how the tasks will be accomplished in a manner that will demonstrate quality outcomes for students. [8 points]

- Evidence that the service activities are in conformity with educational best practices and are evidenced based as described in peer reviewed established professional publications. [8 points]
- Demonstration of the applicant's commitment to least restrictive interventions. [6 points]
- Demonstration of the applicant's policies and procedures for identifying, addressing and managing transitions. [6 points]
- Clearly addresses how the services will be delivered collaboratively with DOE and will focus on assisting the student's functioning in the educational system. [8 points]

**(5) *Financial (10 Points)***

The DOE will evaluate the applicant's cost proposal(s) and description of the applicant's overall fiscal operations that will include:

- Degree of competitiveness of unit cost(s) as comparable to all prospective service providers. [4 points]
- Degree to which the cost proposal(s)/budget(s) justifies the proposed unit cost(s). [5 points]
- Adequacy of accounting system and infrastructure to support electronic/manual billing requirements including a demonstration of the applicant's ability to accurately track cost of related services by student served. [1 point]

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decisions for the award or non-award of the contract to each applicant.



**Section 5**  
**Attachments**

**Attachment****Document**

A	Competitive POS Application Checklist
B	POS Table of Contents
C	Service Verification Form
D	DOE Water Safety Guidelines
E	Functional Behavior Assessment and Behavior Support Plans
F	EBA: Comprehensive/Psychiatric Diagnostic Evaluation
G	EBA: Annual Update/Psychiatric Medication Evaluation
H	Sentinel Event/Incident Notification
I	DOE Standard Invoice
J	Final Report
K	Rate and Cost Summary Worksheet
L	Federal Certifications

# Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<b>Federal Certifications</b>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
	A. Necessary Skills .....	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
<b>III.</b>	<b>Project Organization and Staffing .....</b>	<b>7</b>
	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery.....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

# Service Verification Form

Provider Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Month: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOE Student ID #: \_\_\_\_\_

Date	School/Site (Specify location)	Type of Service	Start Time/ End Time	* Signature of school personnel/caregiver (start and end time)	Printed name of school personnel/caregiver (start and end time)

Note: Signature verifies that the service was delivered at school/home/community.

Provider Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\* if signature of school personnel/caregiver is different at start and end time two signatures are required

## Routing Information:

Send copy to IEP/MP Care Coordinator via:

☐ Fax receipt

☐ Other \_\_\_\_\_

Date Sent \_\_\_\_\_

\*\*\* Original document to be kept on file at agency

**Department of Education  
Guidelines for Water-Related Activities**

**Regulations**

1. Planning for water-related activities shall include:
  - a. Objectives clearly related to Individualized Education Program/Modification Plan (IEP/MP) goals and objectives
  - b. Clearance with authorities involved at the visitation site;
  - c. Arrangements with regard to contact persons, transportation, parental permission, supervision adequate for maintaining safety.
  
2. Safety provisions for water-related and non water-related activities in natural environments shall adhere to applicable Department of Education procedures and guidelines and site agency's rules and procedures and shall include:
  - a. Assessment of site to identify hazards prior to planned activity;
  - b. Specific warnings and reminders about the identified hazards, when necessary; and
  - c. Adequate supervision to meet the conditions of the activity at the time.

### **Planning and Preparation:**

1. All water-related activities must be an extension of the standards-driven classroom instructional program or part of a DOE approved activity. Clear objectives must be established which relate to the specific IEP/MP goal and objective being worked on.
2. Staff must conform with all swimming, boating and other water-related activity protocols.
3. Parents/guardians must be informed of the inherent dangers and hazards associated with the activity. Documentation of understanding and agreement by parents/guardians must be received prior to participation and must be kept on file.
4. Parental permission forms should be reviewed prior to the activity. Forms should include student medical information and be carried on the field trip.
5. Staff must conduct an assessment of the site to identify hazards prior to the planned activity and develop appropriate safety instruction for all participants.
6. All staff and students will receive appropriate water safety instruction.
7. Supervision should be adequate and appropriate based on the needs of the student and the IEP/MP.
8. An itinerary shall be filed at the agency and shall include names of all staff/students. Changes in the activity will be immediately reported to the agency.

### **On the Day of the Activity/On-Site Checks:**

1. Prior to leaving on the activity, students should be monitored for illness, sores, cuts, and other open wounds. Appropriate follow-up measures should be taken.
2. Upon arrival at the site, survey the area quickly to determine if conditions are "normal". Should any unanticipated hazards be identified, an assessment should be made to determine if the activity should continue. The adult staff member(s) will make that determination.

3. Field dangers and hazards, and emergency safety plans will be reviewed with staff prior to the start of the activity at the field site.
4. Staff should spend several minutes with the students observing the area, looking for unanticipated hazards or heavy surf conditions. Point out the possible hazardous areas to the students.
5. Staff will establish and indicate the boundaries of the area to the students.
6. A review of the emergency procedures will be conducted.
7. Applicable safety precautions should be observed while engaged in the activity. Warnings of hazards and reminders of safety procedures should be given throughout the activity as appropriate. One adult should remain on the beach or shoreline to observe the overall activity.
8. A first aid kit, blanket and telephone should be available at the site.
9. It is highly recommended that students protect themselves from the sun by using sunscreen and/or other form of sun protection.

### **Swimming Activity Guidelines:**

In addition to the water-related guidelines indicated, the swimming guidelines listed below will be followed in order to assure safety of participants in swimming situations.

1. The swimming activity must conform to the Department's water-safety guidelines.
2. Depending on the nature of the swimming activity, at least one certified lifeguard or equivalent person shall be present during the activity.
3. Supervision should be adequate and appropriate based on the needs of the student and the IEP/MP.
4. In addition, at least one staff should be at the site to oversee the entire activity and will not have a student assigned to them. This staff is an "active spotter" and will assist the lifeguard or equivalent person in maintaining safety at the field site.
5. For swimming activities other than "learn to swim", all students will receive instruction and training in the water safety protocol prior to the activity. Successful completion of water-safety instruction and training for all students, including students swimming abilities, will be documented and kept on file. Students should be able to stay afloat in the water for at least one hour. This includes survival float and survival swim.
6. No student will be allowed in the water alone.
7. A water rescue device will be readily available to the staff on shore. Staff will be trained in the deployment of the water rescue device.
8. Warnings of hazards and reminders of safety procedures should be given throughout the activity as appropriate.



## **Boating Activity Guidelines**

In addition to the water-related guidelines, the boating activity guidelines listed below will be followed in order to provide students with a safe boating activity.

1. All boating activities must be an extension of the standards-driven classroom instructional program or part of a DOE approved activity. Clear objectives must be established which relate to the specific IEP/MP goal and objective being worked on.
2. Personnel, knowledgeable in water safety, will be designated as the “safety coordinator” and located on land, boat or escort vessel to monitor canoe/boat activities.
3. The boat must be seaworthy and equipped with safety equipment, including rescue and firefighting equipment and a personal floatation device (pdf that is age appropriate) for each participant. The vessel must have a current safety check by the U.S. Coast Guard Auxiliary.
4. The boat captain must be a qualified, licensed boat operator (passed boat handling course conducted by the U.S. Coast Guard Auxiliary).
5. The agency and designated activity personnel will have a copy of the boat’s flat plan, including list of participants, destination, length of trip, expected departure/arrival times, departure/arrival sites, and alternate plans for inclement weather.
6. Safety orientation must be provided to all participants prior to and during the boating activity as appropriate.
7. Supervision should be adequate and appropriate based on the needs of the student and the IEP/MP. Agency personnel must be able to swim and know safety procedures appropriate for that activity.
8. The vessel’s designated passenger limit must not be exceeded.
9. Participants’ swimming abilities should be assessed and appropriate safety precautions taken for the boating activity. It is highly recommended that all participants wear personal floatation

devices during the boating activity. Non-swimmers MUST wear personal floatation devices.

10. Participants must wear appropriate footwear/attire. They should also protect themselves from the sun by using sunscreen and other sun protection.
11. On the day of the activity, conditions of the site and abilities/preparedness of the participants should be checked prior to the beginning of the activity. Contingency plans should be established and ready for implementation in the event that weather/ocean conditions are inappropriate on the day of the activity.

## **Terrestrial Activities: Hiking**

While terrestrial activities, such as hiking, do not qualify as true water-related activities, there are times when hiking, students will come across small streams, ponds, lakes, etc. In these instances, it is critical that staff be mindful of and observe appropriate water-related safety precautions identified earlier. It is especially important to

1. Note trail conditions: ease of access to trail, fallen obstacles, overgrown brush and grass, stream crossings. Depth of stream, possible areas of fallen rocks, steepness of trail, forks and junctions, and crumbly rocks.
2. Check weather conditions. Recent heavy rains may have caused landslides, mud, and slippery conditions.
- 3.

### **Other Precautions and Guidelines for Terrestrial Activities**

1. All terrestrial activities must be an extension of the standards-driven classroom instructional program or part of a DOE approved activity. Clear objectives must be established which relate to the specific IEP/MP goal and objective being worked on.
2. Staff will follow routine practices highlighted in the water-related activity guidelines, i.e. surveying the site prior to the activity, obtaining appropriate permissions, filing information with the agency, preparing all students and staff, etc.
3. Supervision should be adequate and appropriate based on the needs of the student and the IEP/MP.
4. Establish rules of conduct appropriate for the group, site, and activity. Discuss procedures to follow in case students “get lost”.
5. In addition to first aid kit and related supplies, be certain to necessary safety rescue equipment (rope) and communication device (cellular telephone) available.
6. Check with appropriate authorities regarding current trail conditions.
7. Plan and write out a “trail plan” and leave it with the agency. Include the following: 1) list of students; 2) time of arrival and

approximate departure; 3) travel time to trail head; 4) name of trail; and 5) time on trail.

8. Prepare a checklist of items to bring on the hike: daypack to carry food, water, and other articles; rain gear; sunburn protection; insect repellent; light jacket. Staff should additionally carry: extra shoe laces or cord; water proof matches; gloves; toilet paper; first aid kit; moleskin; compass; permits; pocket knife; and whistle.
9. Discuss appropriate attire for the activity. Students must wear footwear at all time. Slippers are not suitable for hiking activities.
10. Take a head count prior to the start of the hike.
11. Select a “point person” (lead hiker) and a “trail sweep” (last hiker).
12. Review emergency procedures in effect during the activity. Indicate the location of safety and first aid equipment.
13. Plan rest stops along the way (approximately five minutes for each hour of hiking).
14. Lift and lower branches that cross the trail instead of pushing them forward.
15. Do not drink water from streams and ponds.
16. Stay on the trail at all times. Avoid going close to the edge of the trail or cliffs. Short cuts may be hazardous, and false trails made by hunters, wild animals and indifferent hikers can cause confusion
17. If one becomes lost, stay put. A search party will be sent out.
18. Take a final headcount before leaving the site.

## Functional Behavior Assessment and Behavior Support Planning Checklist

ASSESS	A. Referral	1. Define referral concerns or questions in clear behavioral terms: a. How does the behavior interfere with learning? b. What interventions have been tried and what are their outcomes?
	B. Collect information	1. Collect informal observation data. 2. Collect structured observation data. 3. Do functional behavior assessment; include key individuals (esp. parent or family member).
	C. Identify key behavioral influences	1. Define problem (target) behavior(s) in observable terms. 2. Identify triggering antecedent events (fast triggers or immediate context). 3. Identify possible setting events (slow triggers or background context). 4. Identify perceived function of the problem behavior(s). 5. Identify actual consequences. 6. Develop summary statements regarding behavioral influences (hypothesis). 7. Determine level of agreement or confidence that individuals have in resulting summary statement.
	D. Confirm hypothesis statement (if #C7 confidence level is low)	1. Collect formal direct observation information on behavior(s), fast triggers, and consequences. 2. Determine if direct observation data confirm hypothesis statement(s).
PLAN	E. Identify behavior goals	1. Identify preferred positive replacement behavior (long-term goal). 2. Identify acceptable interim replacement behaviors that fulfill perceived function (short-term objectives).
	F. Identify strategies for Behavior Support Plan (BSP)	1. Select strategies, environmental manipulations, or both that prevent or address slow triggers. 2. Select strategies, environmental manipulations, or both that prevent or address fast triggers. 3. Identify instructional strategies necessary to teach skill sequences required for replacement behaviors. 4. Identify strategies that reinforce the use of appropriate behavior. 5. Identify strategies that provide consequences for undesired behavior. 6. Develop crisis prevention and intervention procedures. 7. Assure that intervention strategies are consistent with family and cultural values.
IMPLEMENT	G. Implement BSP	1. Identify persons who will implement BSP goals. (These persons should be part of plan development.) 2. Develop specifics for implementation of BSP. 3. Determine what resources are needed to implement BSP. 4. Provide necessary staff and family supports, training and resources.
EVALUATE	H. Evaluate and monitor plan effectiveness	1. Develop evaluation procedures and timeline to assess success of BSP. 2. Implement evaluation procedures to assess success of BSP. 3. Review progress according to schedule set in H1. 4. Return to earlier steps as needed.

## **Functional Behavior Assessment and Behavior Support Plans**

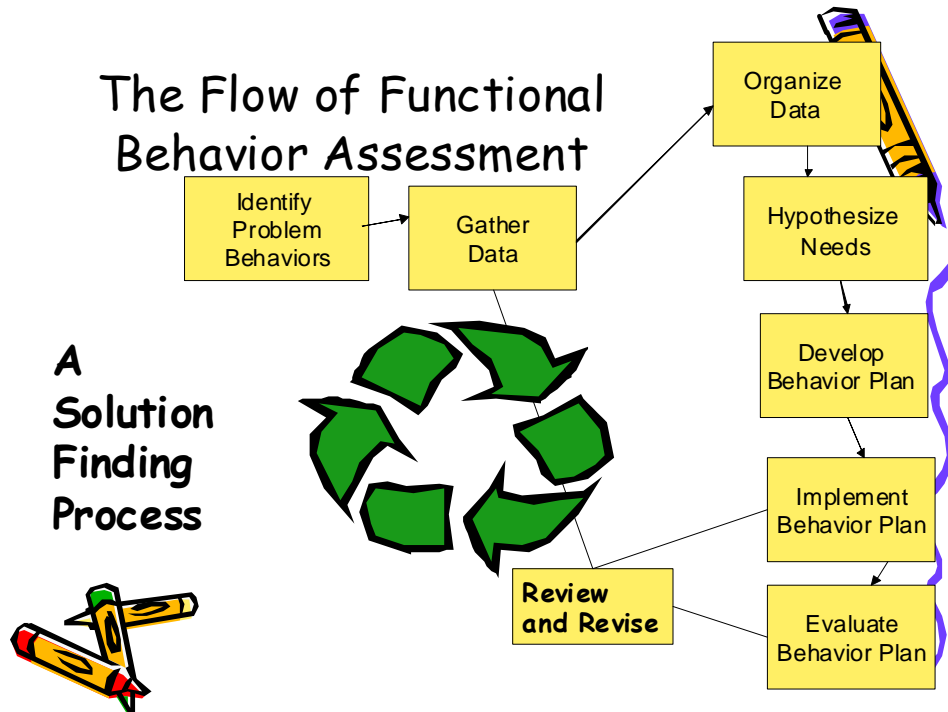
The educational model focuses on developing an effective learning environment for students. The Functional Behavior Assessment (FBA) process and the development of the Behavior Support Plan (BSP) assist school teams in analyzing the student's environment and constructing positive supports to promote appropriate behaviors conducive to learning. The FBA/BSP process can be used for any student exhibiting behavioral problems, from the pre-referral stage to the more intensive levels of need.

### **Functional Behavior Assessment (FBA) is a Process that:**

- ✓ Gathers global and specific information
- ✓ Involves a group interview technique using people who know the student well; the teacher is essential in the process
- ✓ Looks carefully at the context as well as the behavior
- ✓ Helps us to understand the student and his/her behaviors
- ✓ Leads to hypothesis statements about the behavioral function and related needs
- ✓ Shifts ownership of assessment and intervention to team – educators and family
- ✓ Leads to the development of a behavior support plan
- ✓ Incorporates ongoing review and revision as needed
- ✓ Parents' participation indicates informed consent
- ✓ Requires formal consent only if initial eligibility for IDEA is suspected and student has been referred for special education evaluation

### **A Good Behavior Support Plan Always Has the Following:**

- ✓ Identification of the function(s) of the behavior
- ✓ Strategies to reduce the effect of setting events (slow triggers)
- ✓ Strategies to reduce the effect of antecedents (fast triggers)
- ✓ Appropriate replacement behavior to be taught that will serve the same function for the student
- ✓ Positive consequences for appropriate behavior
- ✓ Reductive consequences for inappropriate behavior
- ✓ A way to measure success or failure of the plan



## THE FUNCTIONAL BEHAVIORAL ASSESSMENT PROCESS

- Identify Target Behavior
- Gather Data
- Organize Data
- Hypothesize Need
- Design Behavior Plan
- Implement Behavior Plan
- Evaluate Behavior Plan

When students have challenging behavior that interferes with their ability to learn or interrupts their classmates' learning, schools now have a process, the Functional Behavior Assessment (FBA), for gathering information about both the student and his or her behavior. This information gathering is the first part of the process of providing positive behavioral support to the student. Once we understand the purpose of a challenging behavior, what the student "gets" or "avoids", then we can design a behavior support plan that includes instructional supports and strategies that help the student get what he needs in a more socially acceptable way.

The FBA is a team effort. It requires bringing together people who know the student well (i.e. parents, teachers, counselor, and the student himself, if appropriate). This team will identify the problem behavior to target for intervention, gather data, and then use the information to develop a hypothesis or "best guess" about why the behavior is occurring.

How does the team figure out what is behind a behavior and what might be done to intervene?

## IDENTIFY TARGET BEHAVIOR

Behaviors that are targeted tend to be those that have not responded to standard strategies that teachers or parents have used before. In describing the behavior, it is important to be as specific as possible. For example, you would say, "Peter talks out loud to his classmates in math class and argues with his teacher", rather than "Peter is disruptive in class."

## GATHER AND ORGANIZE DATA

### ✓ **Student Strengths/Skills**

Note how the student learns best, what he does well, and with whom he has positive relationships. Use these skills in designing a behavior plan.

### ✓ **Fast Triggers**

A fast trigger is what comes just before the challenging behavior. It includes where the behavior occurs, with whom, and during what activity.

### ✓ **Slow Triggers**

Slow triggers look at the bigger picture to find factors which may be influencing the student's behavior. Learning difficulties and communication challenges may add to a student's frustration. Things like environmental triggers (heat, noise, crowds, etc.) or physical factors (illness, hunger, fatigue, side effects of medication, over-stimulation, etc.) may "set up" an episode of negative behavior. Family and social forces may play a part, too.

### ✓ **Consequences**

Consequences are what happen immediately after the behavior occurs. Did other classmates laugh? Was the student sent to the office? Did he get out of doing the work?

### ❖ **Sample FBA**

Strengths of the Student: Jimmy likes school and has many friends. His favorite subjects are English and math. Jimmy has a great relationship with his dad, who he gets to see every other weekend.

<b>Slow Triggers (Setting Events)</b>	<b>Fast Triggers (Antecedents)</b>	<b>Target Behavior</b>	<b>Perceived Function</b>	<b>Actual Consequences</b>
Mondays after he sees Dad, Headaches, too little sleep, didn't do homework	Asked to do multiplication & long division problems, Sitting next to Harry	Talking in class, Arguing with Mr. Soft (math teacher)	Attention from Mr. Soft and Mr. Wong, Gets out of doing math problems	Gets sent to the principal's (Mr. Wong) office



When the team is satisfied that they have found information for each of the questions asked by the group interview format FBA, it can proceed to coming up with a "best guess" or hypothesis. Any unanswered areas in the FBA indicate that more information is needed. In some cases, the team may have to consult with others (a physician, a speech therapist, a psychiatrist, the A+ coordinator, etc.) to fill in information not known to the team.

Once the gaps in information have been filled and the data is organized, the next step in the process is to build a hypothesis statement, a summary of why the team believes the behavior is occurring and what purpose it serves.

## **HYPOTHESIZE NEEDS**

Once information is gathered on what, with whom, when and how the behavior occurs, it is often possible to make a guess as to "why". Most behavior, good or bad, is motivated by a need to get something (attention, a desired object, etc) or to avoid something (hard work, embarrassment, discomfort, etc.). Challenging behaviors may serve more than one function.

### ✓ **Most Common Functions of Behavior**

To obtain:

- attention
- desired activities/objects
- internal stimulation

To escape/avoid:

- interaction
- tasks or activities
- physical discomfort

### ✓ **Perceived Function**

The hypothesis that the team builds becomes the foundation for developing a Behavior Support Plan for the student. Ideally, the plan will have strategies that line up with the four pieces of the FBA --slow trigger strategies, fast trigger strategies, alternative behaviors and consequence strategies.

## ❖ **Sample Hypothesis**

<b>SLOW TRIGGER</b>	<b>FAST TRIGGER</b>	<b>PROBLEM BEHAVIOR</b>	<b>MAINTAINING CONSEQUENCE</b>
Given the circumstances..	when this occurs . .	the student does . .	in order to . . .
When Jeff is tired or comes to school without his homework after weekends with Dad . . .	and Mr. Soft asks students to complete a difficult math assignment . . .	Jimmy talks loudly and argues with Mr. Soft about the assignment. . . .	get attention from male role models and get out of doing hard work.

## DEVELOP A BEHAVIOR SUPPORT PLAN

### ✓ **Behavioral Goals**

The first step in putting together a Behavior Support Plan (BSP) is to define behavioral goals for the student. The team needs to identify alternative, desired behaviors to replace the target problem behaviors. These will include long-term goals (the preferred behavior) and short-term objectives (what would be an acceptable replacement behavior while working toward the preferred behavior).

These replacement behaviors need to serve the same function as the problem behavior and get the student's desired results at least as:

- ✓ QUICKLY
- ✓ OFTEN
- ✓ EASILY
- ✓ INTENSELY

### ✓ **Strategies**

Once the behavior goals are defined, the team must identify strategies that will reduce the likelihood of the problem behavior and increase the likelihood of the desired replacement behavior.

*These strategies fall into the four categories that match up to the assessment or FBA:*

- ✓ *Slow trigger* (setting event) strategies
- ✓ *Fast trigger* strategies
- ✓ *Strategies for teaching skills* required for the desired replacement/alternative behaviors
- ✓ *Consequence strategies* (either reward strategies for desired behavior or consequences for undesired behavior).

In some cases, it might be necessary to also develop a crisis/emergency plan to address a dangerous or serious situation. Examples might be threat of injury to self or others, destruction of property or a major disturbance of the teaching process.

## ❖ **BARRIERS TO EFFECTIVE BEHAVIOR SUPPORT PLANS**

When developing a BSP it is important to be aware of factors that might keep the plan from being successful:

- ✓ not including all team members (including parents and the student) in the development, implementation and evaluation of the plan
- ✓ having too vague a definition of a target behavior
- ✓ incomplete measurement or data collection
- ✓ an inaccurate hypothesis
- ✓ inappropriate interventions
- ✓ a lack of skill or support to carry out the interventions
- ✓ failing to take into account other issues (like environment, culture, mental health, physical health, drug use, out of school activities, etc.) that are affecting the student's behavior.

## IMPLEMENT THE BSP

The BSP needs to contain clear directions for implementing the strategies including

- ✓ **when** and where the strategies will be carried out and by whom
- ✓ **who** will have the overall responsibility for making sure the plan is implemented
- ✓ **how** the team will know if the plan is working
- ✓ a **schedule for assessing progress** and a plan for training staff (and parents) on strategies, as needed.

## EVALUATE THE BSP

The evaluation should monitor how well the plan is being followed and, more importantly, how effective it is in changing the student's behavior. To be able to measure progress, the BSP team should have some baseline data - a description of what the behavior looked like before any intervention. Then team members must make periodic progress checks to see what impact the plan is having.

If a problem behavior proves resistant to change, it may be necessary to move back into the assessment phase, so that more data can be gathered and a new hypothesis developed. Providing positive behavior support to students is an ongoing process that must be flexible enough to meet the changing needs of the student and his or her environment.

Regularly:

- ✓ **Monitor**
- ✓ **Measure progress**
- ✓ **Review and revise**

## BEHAVIOR SUPPORT PLAN IMPLEMENTATION

STUDENT:

DATE:

LONG-TERM MEASURABLE GOALS: (INCLUDING PREFERRED POSITIVE REPLACEMENT BEHAVIORS)		TARGET DATE
SHORT-TERM MEASURABLE OBJECTIVES: (INCLUDING ACCEPTABLE INTERIM REPLACEMENT BEHAVIORS)		TARGET DATE
BASELINE MEASURE (STARTING SKILLS OR BEHAVIORS)	DATA COLLECTION TO MEASURE PROGRESS (WHAT/WHEN/WHERE/HOW)	PERSON(S) RESPONSIBLE
INTERVENTIONS (WHAT/WHEN/WHERE/HOW)	PERSON(S) RESPONSIBLE	REVIEW NOTES (DEGREE OF SUCCESS)

Expected Review Dates: \_\_\_\_\_

Copies to: Parent

SSC/ IEP/MP coordinator

*This form is to FACILITATE the PROCESS to DEVELOP a plan.*

Functional Behavior Assessment

STUDENT:

DATE:

STRENGTHS:				
SLOW TRIGGERS	FAST TRIGGERS	PROBLEM BEHAVIOR	PERCEIVED FUNCTION	ACTUAL CONSEQUENCES

*This form is to FACILITATE the PROCESS to DEVELOP a plan.*

# Behavior Support Plan Brainstorming

**STUDENT:**

**DATE:**

When student does				
in order to (get/avoid)				
PREVENT/ADDRESS SLOW TRIGGERS	PREVENT/ADDRESS FAST TRIGGERS	SKILLS TO TEACH	REINFORCEMENT	CONSEQUENCES FOR UNDESIREDBEHAVIOR

*This form is to FACILITATE the PROCESS to DEVELOP a plan.*

## Behavior Support Planning Worksheet

Name:

School:

Date:

***Recommended Behavioral Interventions:***

	Primary responsibility	Implementation date	Measure of success
Setting Event Interventions:  <i>What can be done to eliminate or reduce the effect of setting events on the problem behaviors?</i>			
Antecedent (fast trigger) interventions:  <i>What can be done to eliminate or reduce the effect of specific classroom (or home based) triggers on problem behaviors?</i>			

	Primary responsibility	Implementation date	Measure of success
Alternative/replacement behavioral interventions: <i>What new skills need to be taught for the student to achieve alternative behaviors?</i>			
Consequence Strategies: Maintaining consequences: <i>What will the response be to the desired behavior?</i>			
Reduction Oriented Consequences: <i>What will the response be to the problem behavior?</i>			

Next Meeting Date



# Emotional Behavioral Assessment

## Psychiatric Diagnostic Evaluation

### Identifying Information

**Name:** (last name first, and middle name)

**Sex:** (male or female)

**Date of Birth:** (e.g., March 2, 1987)

**Age:** (e.g., 10 year 9 month)

**Legal Guardian:**

**School** (school last attended or  
currently attending):

**Grade:**

**Date of Interview:** (multiple dates if applicable)

**Date of Report:** (report completion date)

**Referral Source:**

**Examiner:** (name & degree)

**IDEA/504/SEBD status:**

### Reason for Referral

*Initial comprehensive report, SEBD determination, specific reasons/questions posed by referral source, e.g., disability determination, assessment for intervention in emotional/behavioral crisis, exacerbations of behavioral symptoms; serious and challenging behaviors, such as suicidal behavior, fire-setting, etc.*

### Sources of Information

*Interviews (minimally subject student, parents/guardians or significant others, and school staff/service providers). Other interviews may be helpful: psychiatrist, probation officer, foster parents, DHS worker, FGC care coordinator, others who are involved and knowledgeable concerning the student. Note any other sources of information: past and current medical and legal records, school records, previous mental health evaluation records.*

### Chief Complaint or Presenting (Current) Problem

*Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s)*

### History of Presenting Problem

*(Onset, duration, severity/intensity, frequency, quality - include agencies involved in support services, e.g., DOE, DOH, DHS, CPS, OYS, family court.)*

### Past Mental Health History

*Onset of symptoms/signs, diagnoses, past treatment (in- or out-patient settings or residential sites); result of interventions, relapse pattern if occurred and compliance, service intensity, intervention modalities, e.g., CBT, MST, DBT, etc.*

### Assessment Tools

*Required: CAFAS, CALOCUS, and ASEBA data; if not current (within six months) required as part of assessment report data and source. WISC, MMPI, MAYSI-II, BASC2, Sentence Completion and any other tools used. List names of tools. Data will be reported in separate section.*

## **\_\_Emotional/Behavioral Assessment**

## **\_\_Psychiatric Diagnostic Evaluation**

**Name:** *(last, first and middle)*

**Date of Birth:** *(month, day, year)*

### **Medical History**

*Birth history, contributory pre- and perinatal events/factors such as illnesses and accidents, treatments received (surgical operation and medications), loss of consciousness, congenital deformity, hospitalization, immunization, allergies, hearing and vision problems, chronic and/or familial diseases. And, if physician evaluator, a review of systems.*

### **Current Medication**

*Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school), sites last medication was prescribed (clinic, private physician's office, hospital). List any complementary or alternative remedies used in past or currently.*

### **Developmental and Psychosocial History**

#### **Developmental History**

*Birth history such as pre-natal maternal complications or fetal distress, peri- and post-natal history (e.g., difficult labor, jaundice, premature delivery, other maternal and infant complications), birth weight and length, Apgar score, developmental milestones*

#### **Family History**

*Family origin or parental ethnicity, parental marital status and relationships, relationships among family members, parenting style, parental or family history of mental illness history (genetic predisposition), socioeconomic status, siblings, parental availability to children's needs), description of family dwelling (e.g., 2 bed rooms for 6 family members)*

#### **School History**

*Schools attended, grade, current educational status, educational testing, preschool program, special education status, repeated grade(s) and when and why, academic performances (strengths and weaknesses), behavioral problems and truancy, suspension, attitude towards school, including school observation (strongly recommended) or formal school data collection including report cards, deficiency notices, disciplinary actions.*

#### **Social History**

*History of peer relationships, ability and scope of meaningful relationships with others, current peer support, student identified social supports, social and group activities, gang affiliation*

#### **Sexual History**

*History of sexual activities, gender orientation, history of sexual abuse, birth control knowledge and practice, pregnancy, attitudes towards opposite sex*

**\_\_Emotional/Behavioral Assessment**

**\_\_Psychiatric Diagnostic Evaluation**

**Name:** *(last, first and middle)*

**Date of Birth:** *(month, day, year)*

**Substance Abuse History**

*History of substance use/abuse, kinds of abused drugs/substances and age at first usage of each drug, frequency and quantity consumed, alone or with others, drug sales and associated legal problems, family history of substance abuse, attitudes towards substance use/abuse. State whether student has attempted to discontinue drug use and with what effect.*

**Legal History**

*Types of violations/charges, adjudicative dispositions, recidivism, rehabilitative programs attended (success or failure, if failed, why? on probation or parole?), legal guardianship, guardian ad litem, public defender, attitudes towards past illegal activities.*

**Cultural or Transcultural Issues**

*Length of residence in Hawaii, other residence out of state, language spoken by student and family members at home, family cultural factors that may impact on intervention.*

**Assessment Tool Data:**

*Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.*

**Mental Status Examination**

Appearance, attitude, behavioral observations. *A general description include presence of any physical deformity or handicap.*

Orientation: *(time, place, person).*

Affect and Mood: *engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.*

Thought content/processes: *fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).*

Suicidal or homicidal ideation or threats; *risk assessment.*

School observation (highly recommended) *or data from school.*

**Physical Examination**

*\*\*Strongly recommended when evaluator is physician. Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.*

**\_\_Emotional/Behavioral Assessment**

**\_\_Psychiatric Diagnostic Evaluation**

**Name:** *(last, first and middle)*

**Date of Birth:** *(month, day, year)*

**Student's and Family Strengths**

*List student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.)*

*Presence of supports from parent(s), community, and/or significant others (girl- or boy-friend, fiancé), or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.*

**Summary and Formulation**

*Reason(s) and rationale to support a diagnosis and to rule out others - based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.*

**Diagnostic Impressions (DSM-IV)**

*All five axes diagnoses should be listed in the order of clinical importance with first diagnosis on Axis I being the focus of current treatment.*

*DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified], delineate what features of diagnosis are lacking for a more specific diagnosis.*

**Educational Implications and Intervention Recommendations**

*Describe and address needs of student and family. Include strengths-based recommendations supported by empirical research, including biological, psychological, social and/or cultural areas of intervention/management or added specialized assessments. **Avoid specifying a particular service, program, or eligibility status.** Recommendations should reflect CASSP principles and interventions in less restrictive settings.*

*Note need for follow-up assessments, transition planning, and other specific follow-up measures such as laboratory tests, rating scales, etc.*

**Provider Information**

*Signature*

*Name and degree(s) of the evaluator including the position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).*

**Emotional/Behavioral Assessment: Annual Update**  
**Psychiatric Medication Evaluation**

**Identifying Information**

**Name:** (last name first, first and middle)

**Sex:** (male or female)

**Date of Birth:** (e.g., March 2, 1987)

**Age:** (e.g., 10 year 9 month)

**Legal Guardian:**

**School:** (school last attended or  
Currently attending)

**Grade:**

**Date of Interview:** (multiple dates if applicable)

**Date of Report:** (report completion date)

**Referral Source:**

**Examiner:** (name & degree)

**IDEA/504/SEBD status:**

**Reason for Referral**

*Student requires an annual assessment or psychiatric medication evaluation ,to determine current mental health needs and recommendations, as part of the IDEA/MP requirements, SEBD determination, continued DOH services, or specific reasons/purposes posed by referral source.*

**Sources of Information**

*Interviews (minimally subject student, parents/guardians or significant others, and school staff/service provider). Other interviews ( psychiatrist, probation officer, DHS worker, FGC care coordinator) and past and current medical and legal records, school records, and previous/current emotional/behavioral evaluation records may assist the assessment update.*

**Current Problems and Concerns**

*Student's subjective complaints (symptoms) & observed findings (signs) of teachers/guardians, main concerns from parent and other referral source(s).*

**History of Presenting Problem Since Last Assessment**

*Describe onset, duration, severity/intensity, frequency, quality of any new problems presenting since last assessment. List agencies currently involved in intervention, e.g., DOE, FGC, CPS, OYS, SBBH agencies and other service provider agencies/ organizations.*

**Mental Health History Since Last Assessment**

*Interval history of interventions, changes in treatment approach, acute hospitalizations and other crises.*

**Medical History Since Last Assessment**

*Report changes in health status, diagnoses, medical and surgical treatment of conditions, name of PCP, and additional history obtained since last assessment. For physician examiners, include updated review of systems.*

\_\_\_ **Emotional/Behavioral Assessment: Annual Update**

\_\_\_ **Psychiatric Medication Evaluation**

**Name:** *(last, first, middle)*

**Date of Birth:** *(month, day, year)*

**Assessment Tools**

*List names of tools. Required: CAFAS, CALOCUS, and ASEBA data; if not current (within six months) required as part of assessment report data and source. WISC, MMPI, MAYSI-II, BASC2, Sentence Completion and any other tools used. Data will be reported in separate section.*

**Current Medication**

*Current prescription medication(s) (name; dosage, administration time, potential side effects), target behavior/symptoms, student progress (compliance, effectiveness in controlling symptoms, etc., including feedback from parent and school).*

**Psychosocial History Since Last Assessment**

**Developmental History**

*See the attached previous report.*

**Family History**

*Add only changes and additions since the last assessment, e.g. birth or adoption of new sibling, divorce.*

**School History**

*Add only changes and additions since the last assessment. Report school observations or other forms of school data collected.*

**Social History**

*Add only changes and additions since the last assessment.*

**Sexual History**

*Add only changes and additions since the last assessment.*

**Substance Abuse History**

*Add only changes and additions since the last assessment.*

**Legal History**

*Add only changes and additions since the last assessment.*

**Cultural or Transcultural Issues**

*Add only changes and additions since the last assessment.*

**Assessment Data:**

*Data from each measurement tool noted above, including minimally BASC2, ASEBA, CAFAS, and CALOCUS. Note data source (whether performed by current evaluator or other source of data). Scores and plotted profiles of the ASEBA and CAFAS should be attached to the report and noted in this section as an attachment.*

\_\_\_ **Emotional/Behavioral Assessment: Annual Update**

\_\_\_ **Psychiatric Medication Evaluation**

**Name:** (last, first, middle)

**Date of Birth:** (month, day, year)

**Mental Status Examination**

Appearance, attitude, behavioral observations. A general description include presence of any physical deformity or handicap.

Orientation: (time, place, person).

Affect and Mood: engagement pattern, eye contact, affect, depression, recent and past mood swings (depression, euphoria, excitement or irritability, noting frequency and duration of mood swings), and anxiety (including autonomic nervous system signs, e.g., flushing, perspiration, shortness of breath, palpitations, etc.). Psychomotor activity level. Speech pace, note any acceleration or delay.

Thought content/processes: fund of knowledge, intelligence, cognitive processes, and memory. Serial subtractions of 7's, presence/absence of any abnormal perception (hallucinations or illusions), cognitive distortions (paranoid thoughts or other delusions), attention span & distractibility, memory impulsive behavior, thought (content and processing), speech (enunciation, age-appropriateness, or unusual content or preoccupations).

Suicidal or homicidal ideation or threats; risk assessment.

School observation (strongly recommended) or data from school.

**Physical Examination**

**\*\*Strongly recommended when evaluator is physician.** Include blood pressure, pulse, height and weight as vital signs. Note obvious serious physical findings. Include a mini-neurological examination minimally noting presence or absence of tics (motor or vocal), tremors, or other abnormalities of movement. Include data from any movement scale used in the evaluation.

**Client's and Family Strengths**

Update list of student's assets, e.g., good physical health and appearance, any skills (painting, music, sports, readings), being articulate, good in math, etc.).

Presence of supports from parent(s) and/or significant others (girl- or boy-friend, fiancé or grandparents, relatives, minister/priest), well-connected and closely following agency support staff.

**Summary and Formulation**

Reason(s) and rationale to support a diagnosis and to rule out others, to be based on biological, psychological, social and cultural factors and models. Vulnerabilities and protective factors should be also included if possible.

**Diagnostic Impressions (DSM-IV)**

All five axes diagnoses should be listed in the order of clinical importance with first diagnoses being the focus of current interventions.

DO NOT list Rule Out (R/O) diagnoses. If a certain diagnostic entity is suspected but not yet clearly ascertained, include discussion or plans for clarifying or following-up either in formulation or recommendation section. On Axes I and II: if using NOS [not otherwise specified] delineate what features of diagnosis are lacking.

\_\_\_ **Emotional/Behavioral Assessment: Annual Update**

\_\_\_ **Psychiatric Medication Evaluation**

**Name:** *(last, first, middle)*

**Date of Birth:** *(month, day, year)*

**Educational Implications and Intervention Recommendations**

*List recommendations in the order of biological, psychological, social and/or cultural areas of treatment/management interventions.*

*For school, services, follow-up assessments, transition planning, recommended follow-up clarifications.*

***Sources of Additional Information – Most Recent Emotional/Behavioral Reports:***  
*(attach reports)*

- *Admission & Discharge summaries*
- *Intervention summaries including provider monthly summaries*
- *Consultations including pediatric medication assessments*

**Provider Information**

*Signature*

*Name and degree(s) of the evaluator*

*The position and name of institution/organization of the evaluator is affiliated (if indicated and appropriate).*



**Incident/Sentinel Event Notification  
For Department of Education Contracted Providers**

**Instructions**

**Purpose of Form:**

To be used to notify the appropriate principal, agency and District Educational Specialist when there are occurrences involving serious physical/psychological harm or risk to a student, provider reports are late or not received, provider has not rendered services/gaps in services, or any incident of noncompliance with Service Activities as specified in the IEP/MP(s).

**Triggers:**

- |                             |   |
|-----------------------------|---|
| *Harm or risk to student(s) | *Missing reports                                    |
| *Late reports               | *Alleged fraud claims/discrepancy in billing claims |
| *Lack of professionalism    | *Questionable use of best practices application     |
| *Ethics questions           | *Key deliverables not rendered                      |
| *System concerns            |   |

**Routing Procedures:**

- 1 Sentinel Events require immediate action and notification to the School Principal to minimize harm or risk to the student, in addition to the submittal of written Incident/Sentinel Notification. An appropriate, individualized plan of action shall be discussed, developed and implemented to ensure student safety.
- 2 Agency/School personnel should try to resolve any complaints/issues with the individual provider, school, or agency. Staff should keep formal documentation on all actions/communication.
- 3 If personnel cannot resolve the complaints/issues, then the appropriate District Educational Specialist should be contacted for assistance. The DES should keep formal documentation on all actions/communications, review, analysis, and follow-up. The DES is also responsible to send a copy of the Incident/Sentinel Notification form to the State Office SPED Administrator for statewide review and analysis.
- 4 If contract complaints/issues cannot be resolved, then the DES should forward all documentation to the appropriate District Contract Specialist for formal resolution with the school/provider agency. The Contract Specialist d DES will work to resolve complaint/issue.

**Sentinel Event/ Incident Notification  
For Department of Education Contracted Providers**

**Check all that apply:**

- ☐ Sentinel events: Occurrences involving serious physical/psychological harm or risk there of \*
- ☐ Provider reports are late or not received      ☐ Services not rendered
- ☐ Non-compliance with Contract/MP/IEP      ☐ System concerns: Interagency disagreements; gaps
- ☐ Other \_\_\_\_\_

Re: Agency/School: \_\_\_\_\_

Describe the incident/concerns:

Describe actions taken by school personnel/provider to resolve the concern:

Describe proposed resolution:

Describe/attach copies of pertinent documentation:

**Send Notification to:**

- ☐ Parent (\*required for Sentinel Event)      ☐ School Principal      ☐ Agency, if applicable
- ☐ District Educational Specialist(Name)\_\_\_\_\_

**Please Indicate:**    ☐ FYI, No further action requested      ☐ Further Action Requested

Submitted by: \_\_\_\_\_

Print Name	Title	School/Agency
_____		
Signature	Date	
_____		

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**To be completed by the District Educational Specialist**

Action taken by the DES (if requested):

**Send Follow-up Notification to:**

- ☐ Referral Originator \_\_\_\_\_
- Date
- ☐ Agency/School, as applicable \_\_\_\_\_
- Specify to Whom      Date
- ☐ SPED Administrator (REQUIRED) \_\_\_\_\_
- Date

**Completed by:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name      Title      Signature      Date



Provider Agency \_\_\_\_\_  
District \_\_\_\_\_

	Students' Last Name	Students' First Name	Student ID#	School/ Location	Date Service Delivered	Level of Care *	Name of Individual Provider	Start Time	End Time	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Level of Care Codes See attached (LOC)

## DOE School Based Behavioral Health Services Standard Invoice

[illegible]

Unit(s) of Service	
The units provided must be recorded in five (5) minute increments :	
Minutes	Units
5	1
10	2
15	3
20	4
25	5
30	6
35	7
40	8
45	9
50	10
55	11
60	12

**INSTRUCTIONS:**

1. Signature on invoice summary form is someone who has the authority to request for payment.
2. Invoice no. Is your own internal invoice/billing number. Enter your invoice number on each sheet. This will help to match the invoice detail sheet to the invoice summary sheet.
3. Invoice(s) will be rejected in its entirety if
  - a. Any information does not match with work orders
  - b. Totals do not match up
  - c. Missing information or documents
  - d. Our requirement to pay within 30 days upon receipt of the invoice ends
4. Corrected Invoice
  - a. Requirement to pay within 30 days re-starts upon the receipt of the corrected invoice.
  - b. Please sign and print name.
  - c. If you choose to use a different Invoice Number for your corrected invoice, please reference the original invoice number and date you are replacing/correcting.
5. Please submit the Invoice summary form and the supporting invoice detail form.

**DEPARTMENT OF EDUCATION  
SCHOOL BASED BEHAVIORAL HEALTH SERVICES  
FY \_\_\_\_\_ FINAL REPORT**

**AGENCY:** \_\_\_\_\_

**CONTRACT NO:** \_\_\_\_\_

**Overview of Delivery of Services:**

- Student population served (ie: age range)
- Student population identification (ie: race, geographic areas)
- How was student referred to agency
- Types of services delivered by the agency
- Average length of stay, duration of treatment

**Unique Qualities of Program:**

- Distinguishing characteristics of program that sets it apart from similar programs administered by other agency providers
- How was agency able to integrate services with schools, agencies, and other contracted providers

**Areas Needing Improvement:**

**Barriers to Providing Services:**

**Quality Management Activities:**

- Describe quality management activities during the FYXX-XX and its compatibility with District QAP plans
- The goals for FYXX-XX
- Measurable objectives which include:
  - Parent, student and school satisfaction with the services as was delivered
  - Treatment progress and outcome measures related to overall academic achievement and behavioral successes
  - Timeliness of services, including:
    - Percentage of assessments completed and submitted within the 60 day timelines as established under IDEA;
    - Percentage of monthly/quarterly treatment and progress summary reports and progress notes submitted during the required timelines as established under the contract terms; and
    - Time from authorization of service to initiation of service.

**Staff Summary and Types of Services Provided:**

- List of employees and subcontractors employed during FY, including their credentials and types of service each provided
- List of all new employees (hired after 07/01/XX) and volunteers showing status and completion date of mandatory background checks
- Student to Staff Ratio
- Recruitment efforts and results
- Pay scale in relation to market value
- Retention problems, issues

**Staff Training:**

- List of staff trainings and workshops during FY
- Number of hours employees or subcontractors spent in training

**Evaluation of Staff and Subcontractors:**

- Evaluation schedule, frequency
- Evaluation methodology/criteria
- Personnel involved in the evaluation process

**Future Plan of Action for Next Fiscal Year:**

- Anticipated personnel changes
- Proposed student to staff ratio for upcoming year
- Program improvements
- Accreditation plans
- Submit updated (most recent) agency annual report
- Submit updated (most recent) agency financial audit, if applicable
- Disclose any pending litigation to which they are a party, including disclosure of any judgments, if applicable

GEOGRAPHIC AREA:

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### Rate and Cost Summary Worksheet for RFP No. EDN 150-2006-XX

[illegible]



## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
 Office of Grants Management  
 Office of the Assistant Secretary for Management and Budget  
 Department of Health and Human Services  
 200 Independence Avenue, S.W., Room 517-D  
 Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

## 5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED